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OF

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OF

HOMŒOPATHY.

EDITED BY

R. E. DUDGEON, M.D.,
RICHARD HUGHES, L.R.C.P.,
AND
JOHN H. CLARKE, M.D.

VOL. XLII.



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OF

HOMŒOPATHY.

THE RELATION OF HOMŒOPATHY TO HAHNEMANN.

A Lecture introductory to a course on the Principles of Homœopathy delivered in the London Homœopathic Hospital Medical School in 1881 and 1882.

By Dr. HUGHES.

I WAS asked some time ago to give a definition of homœopathy. After some consideration, I framed the following statement:

"Homœopathy is a therapeutic method, formulated in the rule *similia similibus curentur*—let likes be treated by likes. The two elements of the comparison herein implied are the effects of drugs on the healthy body and the clinical features of disease; in either case all being taken into account which is appreciable by the patient or cognizable by the physician, but hypothesis being excluded. Medicines selected upon this plan are administered singly (*i.e.* without admixture), and in doses too small to excite aggravation or collateral suffering."

I believe that nine tenths at least of the adherents of homœopathy would accept this as a true account of all that is essential to it. If it be so, it is obvious that the

thing with which we shall have to do in the present course of lectures is a *method,*—not a doctrine or a system. It belongs to the art of medicine rather than to its science. Of course, the rules of art themselves need not be, should not be, merely empirical; they should be based on philosophy and science, framed with correct conception and by sound induction. I shall endeavour to show you that Hahnemann's method has these qualities,—that his way of regarding disease and drug-action is eminently philosophical, that his direction to treat likes with likes is a true inductive inference from the facts of the matter and his reduction of dose a necessary corollary thereto. But it remains a method still, and nothing more. It takes a particular aspect of disease and of drug-action—not denying that there are others—as the opposing surfaces; and of the possible modes of applying the one to the other, which we shall see to be three in number, it selects that which is expressed by *similia similibus.* Observe, also, that this last —the homœopathic formula—is worded as a rule of art rather than as a law of science. It does not say *similia similibus curantur*—likes are cured by likes, which (to say nothing of its dubious Latinity) would be inadequate if merely meaning that such cure may be, unwarrantable if implying that all cure is, so wrought. It says, *similia similibus curentur*—let likes be treated by likes, which is good Latin and tenable direction.

I am well aware that the affirmative form of the phrase has long been current among homœopathists;* and that, so rendered, it has been taken as equivalent to a law of nature, or even of morals.† It is, nevertheless, quite unwarranted by history, and must no longer be suffered to mislead. I know also how tempting it is to give to a method a philosophical body, to connect what is in itself purely practical with theoretical conceptions—in this case of life, of disease, of the *modus operandi* of drugs. This has been attempted by many adherents of homœopathy, from its founder onwards; and with theories of dynamism and such like they have built up a system as ambitious as

* See Note 1. † See Note 2.

those which reigned in the seventeenth and eighteenth centuries. It is natural that the inquiring mind of man, looking before and after, should seek so to zound his conceptions. But these thinkers have too often become so enamoured of their theories, that they have forgotten to distinguish between them and the body of fact of which they attempt to give an account; they have required—or seemed to require—that the profession should accept all if they are to take any, should adopt the philosophy as well as the creed. In so doing, they have seriously prejudiced the cause they have sought to advance. The notions of physiology and pathology current sixty years ago, and with which therefore the earlier homœopathists were imbued, are now greatly changed, and are not acceptable to the present generation. That homœopathy has been linked with these has needlessly multiplied its vulnerable points; and it is at these that the attack of its hostile critics is generally made, —their success at such outworks favouring the belief that they have made the citadel untenable. Dr. Stappaert's recent communication to the Royal Academy of Belgium,* the article by Dr. Glover in the new edition of the *Encyclopædia Britannica*, and that of Professor Palmer in the *North American Review*,† are instances of what I mean. Our wisdom would rather have been to have kept on the ground chosen with such general acclamation by Dr. Geddes Scott, in his Prize Essay of 1848.‡ He there showed the great value of homœopathy to be that it was a theory of *cure* rather than of *disease*, and led direct to practice without the intervention of any further theory; in short, that it was a therapeia, complete in itself, and independent of the allied sciences of physiology and pathology, so far as these consist of doctrines and conceptions, and are more than *catalogues raisonnées* of facts.

It appears, therefore, from what has been said, that homœopathy is essentially a practical method. It is, as its

* *Examen du systéme de S. Hahnemann: le spiritualisme et le materialisme en Médecine*, 1881.

† March, 1882.

‡ See *Brit. Journ. of Hom.*, vi, 145.

originator called it, an organon—an instrument for effecting in the best manner a certain end, viz. the cure of disease. It answers to machines like the steam engine and the spinning-jenny; and like these, must have had an inventor. That inventor was *Samuel Hahnemann.*

That the idea of fitting likes to likes in the treatment of disease had occurred to men's minds prior to Hahnemann may be freely acknowledged. It may be found here and there in medical literature from Hippocrates downwards. But when examination is made into the nature of these similarities, they will be found, in most instances, something very different from those which homœopathy uses as its fulcra. That vomiting should be checked by an emetic, in an emetic dose (*vomitus vomitu*), was treatment by similars in the eyes of the father of medicine; and his successors wandered still farther from the mark. Their notions on the subject have been fully set before us by Drs. Dudgeon* and Burnett.† Signatures—the resemblance in form or colour of parts of plants to parts of the body; analogies yet more imaginary between the constituents of the macrocosm of the world and the microcosm of the organism; the use of preparations of the organs of animals for disorders of the same organs in man; the application of certain theoretical qualities of bodies—dryness, coldness, and so forth—to corresponding rather than opposite characters of disease,—these were the similars of the mediæval physicians. A few later writers—Stahl the Dane, Stoerck, de Haen—noticed the occasional or possible curative operation of measures‡ which caused disorder similar to that of the patient; but there they left the matter. Hahnemann's distinction is that he grasped this kind of similarity as the only real and fruitful one; and seeing reason for suspecting it to be a general and not an exceptional

* *Lectures on Homœopathy.* Lect. I.

† *Ecce Medicus; or, Hahnemann as Man and as Physician,* p. 61.

‡ I say "measures," and not "drugs," for Stahl's instances of cure by similars are all of external applications, like heat to burns, save one—the use of *sulphuric acid* for acidity of stomach, which, as the acid is not shown to be capable of causing *vital* acidity, such as that which it cures, is no better homœopathy than that of the mediævalists.

basis of cure, tested and worked out his thought until he formulated it as a standing rule for the best medical practice.

This Hahnemann, of whom I am now speaking, was a German physician whose long life ranged from 1755 to 1843. The story of it I need not tell you here; you can read it, if you know it not already, in the pages of the two authors I have mentioned. I will only say that the man who lived it was no common character,—Jean Paul Richter's phrase for him, "a double-headed prodigy of genius and erudition," being amply borne out by his doings. The best way to get an unprejudiced idea of the manner of man he was is to read, in Dr. Dudgeon's collection of his "Lesser Writings," his earlier works on medical and allied topics. On these I cannot now dwell. My present business is with the genesis in his mind of the thought which led him to homœopathy. It arose when, in 1790, he was rendering Cullen's *Materia Medica* into German. He felt dissatisfied with the Scotch professor's explanation of the febrifuge properties of *Cinchona*, and his consideration of the subject led him to the results which—as was his wont—he expressed in a footnote.* "It will not," he writes, "be such an easy matter to discover the still lacking principle according to which its action may be explained. Nevertheless, let us reflect on the following. Substances, such as very strong coffee, pepper, *Arnica*, *Ignatia*, and *Arsenic*, that are capable of exciting a kind of fever, will extinguish the types of ague. For the sake of experiment I took for several days four *quentchen* of good *Cinchona* twice a day. My feet, the tips of my fingers, &c., first became cold, and I felt tired and sleepy, then my heart began to beat, my pulse became hard and quick; I got an insufferable feeling of uneasiness, a trembling (but without chill), a weariness in all my limbs; then a beating in my head, redness of the cheeks, thirst; in short, all the old symptoms with which I was familiar in ague appeared one after another, yet without any actual chill or rigor. In brief, those particularly characteristic symptoms also

* To vol. ii, p. 108.

which I was wont to observe in agues—obtuseness of the senses, the kind of stiffness in all the limbs, but especially that dull disagreeable feeling which seems to have its seat in the periosteum of all the bones of the body,—they all put in an appearance. This paroxysm lasted each time two or three hours, and came again afresh whenever I repeated the dose, not otherwise. I left off, and became well."

I have said in another place,* when speaking of this experiment, that Hahnemann "proved *Cinchona* to discover on what principle it acted." It would be better perhaps to say "whether it, like the other febrifuges, excited a kind of fever." But I must maintain that this is the true account of it, and not that which is put forward by the representatives of a certain school among us, who—more Hahnemannian than Hahnemann himself—read into his doings their own later ideas. Dr. Lippe writes: "Hahnemann was sitting at Leipzig, with his midnight lamp before him, translating Cullen's *Materia Medica,* which was then a standard work. He came to *Cinchona officinalis,* and found Cullen say that this bark possessed specific febrifugal action, because it was both the most aromatic and bitter substance known. Hahnemann laid down his quill and exclaimed 'preposterous!' There are more substances, more barks, possessing more both bitter and aromatic properties, and *Cinchona* is not a specific for ague. He argued while it does cure some cases it does not cure other cases. There must be a way to find out under what conditions the bark cured and did not cure. It was at that moment that this good and benevolent man had an 'inspiration.' He concluded to take the drug himself, and see whether light could not be brought into the prevailing darkness. Bright and early in the morning, Hahnemann went to the 'Apothecke zum Goldenen Loewen' on the market-place of Leipzig, and there and then selected some fresh *Cinchona* bark, and obtained some vials and alcohol. He prepared a tincture, took it, and behold, the symptoms he observed on himself showed a marked similarity to cases of ague cured by him

* *Manual of Pharmacodynamics,* 4th ed., p. 395.

by the same drug, and it was then that a new light broke upon him; that light was this: a drug will cure such ailment as its sick-making power will produce a similarity to."

To do him full justice I have given Dr. Lippe's *ipsissima verba;* and, as he expressly writes to correct the account I have given of the matter, I must hold him to them. Contrast now his narrative with Hahnemann's own; and it will be seen at a glance that the two are incompatible. The school Dr. Lippe represents are careless about similarity between disease itself and drug action, so long as the "conditions" of the two correspond. To favour this view, therefore, Hahnemann must have proved *Cinchona* to ascertain under what conditions it cured ague; whereas he himself tells us that he did so to find out whether, like other febrifuges, it was febrigenic at all; and that his result was to find it productive of all the symptoms, both general and characteristic, of the intermittent paroxysm.

This is a digression to clear Hahnemann's proceeding from misapprehension on the part of his own followers. It is still more important to vindicate it from the objections made by opponents, that it is a wholly insufficient, nay, a false basis of a curative method. This challenge is supported by the allegation, first, that bark has no power of causing in the healthy such a fever as that imagined by Hahnemann, and, secondly, that it cures ague by killing the minute organisms in which malaria consists, so that its therapeutic action is independent of any it may exert on the healthy body. In reply to these statements, I may be permitted to refer you to the article on *Cinchona* in my *Manual of Pharmacodynamics,* where you will find numerous instances of the febrigenic power of the drug and its alkaloid, ending with a description of the *Cinchona* fever by Bretonneau, warranted by Trousseau and Pidoux, which quite corresponds to that of Hahnemann: you will also see it demonstrated that ague is curable by *Quinine* in doses far too small to affect the vitality of microzymes. But, even were no such evidence forthcoming, no amount of doubt cast upon Hahnemann's *Cinchona* experiment and his inference there-

from would impeach *similia similibus curentur*, for this was suggested by it, not built upon it. It might have been found that Newton's apple fell to the ground for other reasons than because of gravitation; but that would not alter the fact, subsequently ascertained by him, that all matter attracted all other matter in direct proportion to its mass and in inverse proportion to the square of its distance. Following up the hint afforded him by his apple, Hahnemann like Newton tested it by application to other congruous instances, by seeing how far it would explain the recorded successes of the past and lead to fresh ones in the future. It is on a mass of evidence of this kind that his method ultimately rests, and not on the simple experiment which originally led him to it; and deductive verification is as good evidence of truth as the graduated induction urged by Bacon. The late Mr. Buckle has well argued this, in one of his essays; and has shown that, *inter alia*, it was the way in which Kepler arrived at his great discoveries.

Hahnemann's further procedure may best be related in his own words. "I now commenced to make a collection of the morbid phenomena which different observers had from time to time noticed as produced by medicines introduced into the stomachs of healthy individuals, and which they had casually recorded in their works. But as the number of these was not great, I set myself diligently to work to test several medicinal substances on the healthy body, and see, the carefully observed symptoms they produced corresponded wonderfully with the symptoms of the morbid states they could easily and permanently cure."

The first fruit of this task was the *Fragmenta de viribus medicamentorum positivis*, published in 1805, and containing pathogeneses more or less complete of twenty-seven medicines. This was, as its name implies, in Latin; but in 1811 Hahnemann began to issue in successive volumes his German *Reine Arzneimittellehre*, containing (in its first edition) fifty-eight drugs, proved on a much larger scale.*

* The six volumes of the first edition appeared at intervals from 1811 to 1821; those of the second edition from 1822 to 1827; and a third edition of the first two volumes saw the light in 1830 and 1833.

He continued to add to his old and take part in new provings for some time yet, and altogether furnished materials for the knowledge of the physiological action of at least ninety medicines, besides giving an impetus to the work of proving on the healthy body which has never lost its force, and has been and is most fruitful in results.

The provision for working the new method supplied in the *Fragmenta de viribus* was followed up by an exposition of its theory and rules for its practical application. These first took the form of an essay in *Hufeland's Journal* for 1806, entitled "The Medicine of Experience," and finally, in 1810, of a separate treatise, the *Organon of Rational Medicine*. For an account of this work, in its successive editions,* I will ask you to read my lecture on *Hahnemann as a Medical Philosopher*. You will see there that he leaves no point untouched which conduces to the working of the machine he has invented. Besides a full discussion of the theory of his method, and demonstrations of its philosophical and scientific soundness, he gives minute rules for the examination of patients, for the proving of drugs, and for the selection of remedies upon the homœopathic principle. He inquires what should be done when only imperfect similarity can be obtained, when more than one medicine seems indicated, and when the symptoms are too few to guide to a satisfactory choice. He considers the treatment on the new method of local diseases (so-called), of mental disorders, and of the great class of intermittent affections.

There are yet two features of the method of Hahnemann which have not come before us—the single remedy and the reduced dose. The first is obviously a necessary corollary of the rule: as the drug is proved, so it must be administered, if it is to be a true *simile*. Hahnemann saw this at once, and in the trials which substantiated the soundness of his therapeutic rule used none but single remedies. "Dare I confess," he wrote in 1797,† "that for many years I have never prescribed anything but a single medi-

* 2nd ed., 1819; 3rd, 1824; 4th, 1829; 5th, 1833.

† *Lesser Writings*, p. 373.

cine at once, and have never repeated the dose until the action of the former one had ceased,—a venesection alone, a purgative alone, and always a simple, never a compound remedy, and never a second until I had got a clear notion of the operation of the first? Dare I confess, that in this manner I have been very successful, and given satisfaction to my patients, and seen things which otherwise I never would have seen?" The necessity for reduction of dose was not so self-apparent. In 1796 we find Hahnemann thus expressing himself:*—"The cautious physician, who will go gradually to work, gives this remedy" (the homœopathic one) "only in such a dose as will scarcely perceptibly develope the artificial disease to be looked for (for it acts by virtue of its power to produce such an artificial disease), and gradually increases the dose, so that he may be sure that the intended internal changes in the organism are produced with sufficient force, although with phenomena vastly inferior in intensity to the symptoms of the natural disease: thus a mild and certain cure will be effected." In the *Medicine of Experience* and *Organon*, however, the logical consequences of the new method in the direction of posology are perceived and stated. The dose of a homœopathically-selected remedy, he there argues, must obviously be smaller than one intended to act antipathically or allœopathically. If too large, it will excite needless aggravation and collateral suffering. It should be so far reduced that its primary aggravation (which he supposed a necessary result) should be hardly perceptible and very short. This last direction involves a theory as to the action of similar remedies which may well admit of question; but that comparatively small dosage is essential to them is a fact beyond dispute. It characterises not only the practice of the avowed disciples of Hahnemann, but also that modified homœopathy which may be called Ringerism. Drop doses of *Ipecacuanha* wine were unheard of till it began to be given to check vomiting instead of to excite it; and, while the twelfth of a grain of *Corrosive sublimate* was deemed a sufficient fraction for all previous purposes, the reduction

* *Lesser Writings*, p. 312.

went to hundredths when it was administered in dysentery.

Small dosage, then,—speaking comparatively—is an essential element of the homœopathic method. But that such dosage should be what is known as infinitesimal,—that it should habitually deal with fractions from millionths upward,—to this homœopathy does not compel, either logically or practically. There are, and always have been, multitudes of its warmest adherents and most distinguished representatives who never employ these attenuations. I shall hereafter, indeed, have to exhibit the activity of infinitesimal quantities as a discovery of Hahnemann's, to discuss the evidence for it and the theories which have been put forward to account for it. But, whatever be its value, it stands upon its own merits: its connection with homœopathy as a method is historical, and not vital.

The sum of what has been said is this:—Homœopathy is a therapeutic method, an instrument for the selection of the most suitable remedy for each case of disease. Hahnemann is to it that which Watt was to the steam engine and Arkwright to the spinning jenny, or—to take an example from its own intellectual sphere—that which Bacon was to induction by graduated generalisation. He is the author of the method: to him belongs the merit of all it has accomplished, and with his name it must ever be indissolubly connected. But in adopting this method of Hahnemann as our chief guide in therapeutics, we do not necessarily become followers of his in other departments of thought: we are homœopathists, not Hahnemannians. He was more than a therapeutist, and so are we; but in these wider regions he is but one master among many, and we may—as I confess I do—prefer the guidance of Fletcher in physiology and of Tessier in pathology to his. Nor will his *methodus medendi* itself be conceived of as insusceptible of improvement. The steam engine of to-day is not altogether that of Watt. Homœopathy, like the candlestick of the Hebrew tabernacle, has been shaped by hammering, not by casting; or rather, it is a vital thing, growing as the years go on, and legitimately influenced

by its environments. It is in our hands somewhat different from what it was when it dropped from Hahnemann's; but it is Hahnemann's still. All study, exposition, practice of it must start from him, and the results it achieves must be accounted a temple reared to his honour.

It is with such a mind that I invite you to follow me in my attempt to expound the Principles of Homœopathy.

Notes.

Note 1, *p.* 2.

It is not easy to say when the alteration of "curentur" into "curantur" was first made. Hahnemann used the former on the only two occasions of his employing the phrase, viz. in a paragraph added to the "Introduction" in the fifth edition of the *Organon* (1833),* and in a letter written in 1835 to the French Minister of Public Instruction, relative to the establishment of homœopathic hospitals and dispensaries.† Mr. Everest, his English pupil, stated that he was much annoyed at the substitution of "curantur," so that it must have occurred in his lifetime. It was certainly the current phrase when homœopathy began to flourish in these islands, and was accordingly adopted as its motto by the *British Journal of Homœopathy* on its appearance in 1843. In 1862 the late Dr. Ryan, who was a fine classical scholar, took exception‡ to the phrase, and urged a reversion to Hahnemann's original formula. The then editors of the *British Journal* opposed the change;§ but their argument throughout proceeds on the assumption that "curantur" is generally understood to mean "are treated," whereas there can be no doubt that nine hundred and ninety-nine persons in every thousand would render it "are cured." I was myself convinced by Dr. Ryan's

* From "It is only" to "Homœopathy" in pp. 54-5 of Dudgeon's translation. (Dr. Wesselhœft, in his version, has substituted "curantur.")

† See *Brit. Journ. of Hom.*, xxxviii, 64.

‡ *Monthly Hom. Review*, Feb., 1862.

§ *Brit. Journ. of Hom.*, xx, 314.

reasoning, and in my *Manual of Therapeutics*, published in 1869, expressed my preference for "curentur," which I have ever since adopted,—the "curantur" on pp. 2 and 45 of the fourth edition of my *Pharmacodynamics*, being a would-be improvement made by the printer, after the return of the last proof.

Of late, the "curentur" having been espoused and defended by my colleague Dr. Dudgeon, attention has been directed to it, and much displeasure expressed by the more ardent Hahnemannians at the proposed return to it. I must leave them to settle the question with the master they profess to follow. To avoid misconception, however, let me refer to what is said in the *United States Medical Investigator* for March 24th, 1883, by Dr. Reinke, of Jamaica. He writes:—"Why do some of our doctors say *curentur?* Are they not sure?" He evidently thinks that we intend the verb to be rendered by "cure" in the subjunctive mood—"likes may be cured by likes;" whereas we employ the phrase, as Hahnemann did, to mean "let likes be treated by likes," the use of the subjunctive mood in an imperative sense being familiar in Latin.

Note 2, p. 2.

I refer to an article in the *North American Journal of Homœopathy* for August, 1878, by my venerable friend Dr. P. P. Wells, of Brooklyn, who stigmatises the reduction of homœopathy to a mere rule of practice as "a crime for which our language fails to give a designation sufficiently condemnatory." In maintaining it to be a law, however, he confuses the sense in which science uses this term and that which belongs to it in the sphere of morals and politics. He says, "It is an important element in the nature of law, that it is wholly mandatory. It commands. It neither solicits nor permits." Now this is true enough of a moral or a criminal law; but it is entirely incorrect when applied to a so-called law of nature. The latter is simply an expression of a certain general fact which we perceive in the order of the universe; and it

takes the form, not of a mandate, but of an affirmation. "Thou shalt not kill"—here is the law of duty: the law of nature is such as that all matter attracts all other matter in direct proportion to its mass and in inverse proportion to the square of its distance. The real question is whether homœopathy is such a law as this of gravitation. It is an inference from certain observed facts: shall we state the inference by an affirmation, universal, exclusive, unchanging, that "likes are cured by likes," or by a practical conclusion, admitting of qualification and exceptions —"let likes be treated by likes"? Dr. Wells and those who think with him declare for the former alternative: I must follow Hahnemann himself in thinking the latter the utmost for which we have warrant. It requires a vast number of observations and experiments ere we can formulate a new law of nature, while a rule of art can be deduced from a very few particulars—its application being a speedy test of its validity. I cannot think that we are justified in affirming absolutely that all morbid states are curable by their similars, or that they are better cured thus than by any other means; I can only feel borne out by the facts when I affirm that my practical wisdom lies in following the rule "let likes be treated by likes" as fully as I am able.

ON THE ACTION OF THE SMALL DOSE.

By P. Proctor, L.R.C.P.

The higher dilutions of homœopathic medicines constitute at the present day pretty much the same anomaly in physics that they always did: repelling outsiders and dividing our own school. *A priori* considerations deny their efficacy, and experience being always liable to fallacy is held sufficient to justify opposite opinions. In recent times advances have been made to a considerable extent in

the direction of proving the activity of morbific agents in an extreme degree of attenuation, but the demonstrations of science leave it yet an open question whether the 30th contains anything or nothing in the shape of medicine. Any attempt to bring the subject into harmony with general science is willingly listened to, and so we have had one explanation after another to render the asserted facts acceptable to the mind; for be it observed in reference to this point, the sceptical minds—frequently the ablest—amongst ourselves still repeat the error we charge upon our allopathic *confrères*, of allowing *a priori* objections to stand in the way of receiving the teachings of experience. Explanations of the kind referred to have consisted mainly in demonstrating the extreme divisibility of matter, the fineness of the drug particles in our preparations, and their consequent diffusibility, the sensitiveness of the living tissues to their stimulus, and the small amount of stimulus necessary for curative purposes in many cases. I venture to throw out one suggestion more which occurs to me as bearing on the point, and which I have not seen mentioned elsewhere. As far as it goes it seems to render the use of the dilutions a little more acceptable to some of our critical spirits.

Calculations as to the quantity of medicine contained in our dilutions have always had an implied reference to the bulk of the human body on which it was to act, and the disproportion as we ascend to the higher dilutions becomes almost infinite, and the possible medicinal action more and more incredible. It is not supposed that in the medium dilutions the medicine vanishes into nothingness, but that its inadequacy for our purposes becomes increasingly certain. If, however, the body on which the drug acts could be rendered correspondingly minute we should have no difficulty in regarding a drop of the 12th as full a dose as a drop of the mother tincture to a man. What, then, is the size of the molecules of protoplasm to modify which a dose of the 12th may be given? Without at present taking up an extreme case, and confining our attention to the medium dilutions in which medicinal particles are not

denied, it has to be shown that they have possibilities of power not *a priori* accredited to them, and are capable of achieving results out of all proportion to their material quantity. It will be said in reply to the question just asked that the few particles contained in the 12th dilution may undoubtedly affect a few particles of living tissue—perhaps a corresponding number of the same size—no more, and there an end. So the drug for practical purposes is lost to the system. This way of regarding the subject is, I think, utterly wrong and misleading, and the correction of it brings us at once into the very heart of the matter under consideration.

The disparity, according to our calculations, between the dilutions and the human body exists in relation to mass only, and this is the point I wish to insist on. If we regard the body dynamically, as we must regard it, being alive, the disparity may altogether cease. Suppose that the few medicinal atoms in our dose, instead of attaching themselves to a few particles of protoplasm, and so practically retiring from active service, could be endowed with dynamic energy, and made to fly from cell to cell and from tissue to tissue we should have their powers reduplicated again and again. We should have in medicine an application of the commercial principle that a nimble ninepence is better than an idle shilling. The capital is small, but it earns its increment of profit with every return, and may be made practically to do a large business. Such activity is conferred on our medicinal particles by the ceaseless motion going on in the living body. A volume of blood equal to that contained in the entire body is sent through the arterial system about every minute, the lacteals and lymphatics are in some degree perpetually at work, and in every cell the protoplasm keeps up its own little circulation. What must be the fate of a few particles of medicine thrown into this whirling current? They must of necessity impart their special stimulus to every living substance that comes within the range of their activity. If they remain within the circulation they act continuously on the blood, and in passing and repassing through the capillaries pos-

sibly affect the neighbouring tissues. If they pass into the tissues they enter the protoplasmic circulation, and are handed on from cell to cell, imparting stimulus as they travel, and eliciting vital responses every instant. In a very brief space of time the whole body is acquainted with their presence and roused to action. Just in the same way, a man running through the streets of a town giving an alarm of fire does the work of fifty men stationed at street corners. The dynamic energy of the man more than compensates for his single voice, yet he stands as regard mass in relation to the large town pretty much as our dilutions stand in relation to the body.

It is not contended here that a large number of medicinal atoms will not do more work than fewer—the nature of the illustration forbids that—but it is contended that a mere comparison of numbers regarded statically is not capable of affording a guide to their effect under dynamic influences.

What dynamic energy may be communicated to the atoms of our medicines by succussion and trituration, it is not the object of this paper to consider, but for the sake of illustration, if it were found that under fine states of division the atoms assumed more active motion, as we believe they do when raised into the condition of a gas, we can see that the higher dynamic energy more than compensates for the loss of a great portion of the more torpid substance. Throughout nature, animate and inanimate, energy is more important than mass for doing work, and among the various forms of energy that which is displayed by the motion of medicinal particles in the body doubtless counts for something.

It is not to be assumed that the only mode in which medicines can act is by contact, for there is also the vital telegraphy by means of which any portion of living matter may send its own alarm to adjacent parts, and through the nervous system to the organism at large, calling attention to its own suffering condition, attacked as it may be by a molecule of *Arsenious Acid* or *Corrosive Sublimate*. If we add this self diffusion of stimulus to that originating in

the active visitation of the molecules to other parts of the body, we get a system of stimulation of great rapidity and efficiency, as, indeed, by experience we know it to be. How long a medicinal dose may act is a very practical question. We know there is an active police service in the body whereby foreign matters are speedily taken into custody, and either ejected by the emunctories or locked up in confinement in the tissues, some portions of protoplasm acting as gaoler. But whilst these foreign matters are at large we may consider them at work, impressing the vitality with their special properties until a tolerance for them is acquired, when for medicinal purposes they are practically non-existent. But even after its elimination the effect of a single dose may continue for an indefinite period by virtue of the stimulus at first imparted, as the sea continues agitated long after the storm has passed away. Hahnemann had thus a certain amount of justification for the long periods he assigned to the action of medicines. In the abstract, although this action may be indefinitely prolonged, we know that at the same time it is steadily diminishing in force, and for curative purposes may require to be renewed or even intensified by repetition and increase of the dose. The arguments in favour of the single dose can only hold good on the supposition that the first stimulation is intense enough and sufficiently long continued. If there were no system of removing the drug or locking it up in the body, and the vital susceptibility to its influence remained the same, there is no reason for thinking otherwise than that the smallest dose would be sufficient in all cases when rightly chosen, time alone being wanted to bring about the vital changes which, as we have seen, can be efficiently started thereby. The supposition, however, is an impossible one, for even if the dose, however attenuated, were allowed to remain in the body, it would virtually cease to exist as before mentioned. A persistent stimulus becomes in time no stimulus at all, for life always tends to bring itself into harmony with its environment. Therefore, whilst reason enlarges to the utmost the capabilities of the small dose it also pre-

cludes the necessarily complete sufficiency of the single administration.

In conclusion, a reference may be made to the attitude of some of our school to the higher dilutions. Whatever may be the truth respecting these, the method of settling their claims to efficacy can only be that of practical experience. It is with considerable surprise that we have seen discredit cast upon them by antiquated and obsolete modes of procedure. The possibility of anything being contained in the thirtieth dilution is supposed by some of us to be decided in the negative by certain calculations based on the atomic theory, and a thoroughly experimental science like medicine is thus subjected to transcendental speculations about the constitution of matter, which is certainly carrying us back to the time when physical science was dominated by ideas about a plenum and a vacuum. The inadequacy of such a method of advancing our knowledge is only too obvious and needs only stating to be rejected. The thirtieth dilution stands or falls by its own evidence, and the attempt made recently in America to arrive at positive conclusions experimentally was in the right direction, and it is to be hoped that it will be repeated with all possible safeguards against error until we can arrive at a satisfactory verdict. Our knowledge of the constitution of matter is not so far advanced as to enable us to apply our deductions with anything like certainty. The atomic theory is as yet only an atomic *theory*. Atoms as yet exist only in the minds of physicists, who find them useful in apprehending the laws of multiple proportion, &c., but who know nothing about their nature. It is not settled whether they possess a material substratum or are only points of force or ætherial vortices. With this elementary uncertainty all calculations as to their size and divisibility must be as well fitted to determine our posology as the old ideas of a vacuum were to explain the phenomena of the air pump. We need only glance at the controversy on this subject to see the sandy foundations on which we are in danger of building.* Lange, the historian of the materialistic philo-

* Vide Stallo's *Concepts of Physical Science*. International Scientific Series.

sophy, says on this point, "There is scarcely a more *naïve* expression of the materialism of the day than escapes from Büchner when he calls the atoms of modern times 'discoveries of natural science,' while those of the ancients are said to have been 'arbitrary speculative representations.' In point of fact, the atomic doctrine to-day is still what it was in the time of Democritus. It has still not lost its metaphysical character; and already in ancient times it served also as a scientific hypothesis for the explanation of natural processes." Clearly the physicists are at present not competent to determine whether we are to use the thirtieth or not. Medicine has its own methods of arriving at results, and they are independent of such speculative deductions. In the meantime, until the physicists present us with something more certain, their objection to the thirtieth may be rightly regarded by those who have confidence in it as an attempt to destroy a clinical fact by flinging a phantom at it.

HOW MEDICINES OUGHT NOT TO BE PROVED.*

By Dr. J. H. Clarke.

The homœopathic proclivities of Drs. Ringer and Murrell are well known. Their familiarity with the time-honoured

* The following article was written after Dr. Murrell's reply had appeared in the *Standard*. It was thought that that letter contained all the answer he had to make to the charges brought against Dr. Ringer and himself; and, consequently, that the paper which had appeared in the *Lancet* under their joint authorship really meant what every sane reader—including the editors of the *Medical Times and Gazette*, *Medical Press*, *Standard*, and *Spectator*, and the heads of the medical staff of University College and Westminster Hospitals—understood it to mean. But Dr. Murrell has since written a letter to the *British Medical Journal* and another to the *Lancet*, which latter has received the cordial endorsement of Dr. Ringer. We do not feel called upon to alter the terms of our article; though we must, in fairness, notice Dr. Murrell's further statement, leaving our readers to reconcile it with the original paper—if they can. A full account of Dr. Murrell's further explanation will be found appended to this article.

names of drugs which owe their place in medicine to the genius of Hahnemann is no secret among the orthodox or among ourselves. By those who delight to call themselves "regular" and "scientific" their practices have been regarded with a good deal of suspicion; and it is only by dint of experimenting largely on animals of various kinds;—by counting the time necessary for so much *Arsenic* to cause the skin to peel off a frog of such and such a weight; and, above all, by experiments on the hearts of frogs cut out from their bodies;—it is only by thus offering up hecatombs of humble batrachians that the offended divinities of modern scientific—or, perhaps we had better say *scientistic*—medicine have been appeased. In this way they have established a reputation for being scientific; and having thus made atonement for any suspicions of being homœopathic, our chameleonic doctors have become bold. It has occurred to them that they might now safely do a little in the way of "proving" drugs. We can only say, if their *usus in morbis* of the drugs they appropriate from the homœopathic pharmacopœia is carried on in the same bold style as their provings, we should not care to be their patients.

In the *Lancet* (November 3rd) is a paper by Drs. Ringer and Murrell on the action of *Nitrite of Sodium*. It will be remembered that in the *Practitioner* for March last there appeared an article on this salt, setting forth its value in angina pectoris. In this paper Dr. Hay drew attention to the fact that the salt as sold was impure, containing a large proportion of the *Nitrate*, a much less active salt. Drs. Ringer and Murrell apparently undertook to settle this point. May and June were sad months for the frogs. We have two tables setting forth how a number of frogs poisoned by *Nitrite of Sodium* (by this time manufacturers had learned to make it pure) lost voluntary and reflex motions, much more rapidly than their less—or, perhaps, more—unfortunate brethren poisoned by the *Nitrate*.

After frogs come cats. And observe how scientific these experimenters are, how careful to weigh the animals and calculate the proportionate weight of the drug! Dr. Brunton (*Experimental Investigations on the Action of*

Medicines, p. 9) has suggested that the same accuracy should be observed in prescribing for patients. "The dose of a drug must be regulated by the weight of the patient; and thus women, being lighter, require a smaller amount than men, and children less than adults. Though it would be more exact, it is not always convenient to weigh patients." Certainly not, Dr. Brunton! We hope our high dilutionist friends will make a note of this. But to return to the cats:

"*Observation* 1.—A black cat"—with all their scientific exactness they omit to state how much they allowed for the *colour*—"weighing five pounds and a half, was injected under the skin of the back with 4 cc. of a 10 per-cent. aqueous solution of *Nitrite of Sodium*—a little over six grains, or about a grain to the pound. In fourteen minutes the animal was panting, the respirations being superficial and from 148 to 160 in the minute. The tongue was protruded and was of a dark colour. The pupils were widely dilated, and there was great muscular weakness. These symptoms increased in severity, urine and fæces were passed, there was slight opisthotonos, and in twenty minutes from the time of injection the animal was dead. At the autopsy, which was made immediately, it was found that the muscles were unusually light in colour, and that their contractility, as tested by the interrupted current, was quickly lost; in fact, in twenty minutes it was quite gone. On opening the chest and cutting the aorta the blood was found to be very dark, almost like treacle. The lungs had a dark chocolate tint and were speckled. The left ventricle of the heart was contracted, whilst the right was dilated, both auricles were dilated and no contractions could be obtained in either auricles or ventricles, even with the strongest current. On opening the abdomen the dark colour of the liver at once attracted attention, and further examination showed that the stomach, intestines, and bladder were firmly contracted. There was no vomiting before death, but the animal had not been recently fed.

"*Observation* 2.—A brown cat, weighing six pounds and a quarter, was injected under the skin of the back with

4 cc. of a 10 per-cent. solution of *Nitrite of Sodium.*" The same result occurred as with the former cat, only death was delayed—whether in consequence of size or colour is not stated—in the case of the brown cat till thirty minutes after the injection. The blood was examined microscopically, but no change in the corpuscles was detected. Now we have a comparative experiment.

"At the time that the brown cat was injected with *Nitrite of Sodium,* a white cat"—would it not have been more scientific to have had a *brown* cat for this comparative trial?—"weighing four pounds and three quarters, was injected under the skin with 3 cc. of a 10 per-cent. solution of *Nitrate of Sodium,* or about four and a half grains. The dose, it will be seen, was smaller than in the case of the *Nitrite,* but the cat weighed a pound and a half less, so that the comparative dose was nearly the same. The animal was carefully watched for two hours, but no effect of any kind was produced. The contrast was very marked: the nitrate cat was purring * round the room when its nitrite companion was having its post-mortem made."

Now, it would naturally be supposed that the above experiments would have inspired the experimenters with caution. Cats being proverbially known to have nine lives, we should have expected the doctors to act cautiously in administering the drugs to patients who have only one. Not at all. Dr. Murrell, we learn from the last edition of *Ringer's Handbook,* once performed experiments on himself with *Nitro-glycerine.* He took one or two drops of a *one per-cent. solution* of the drug. Unfortunately we are not told what his weight was at the time, so we cannot calculate the proportion. Unless, however, he weighs no more than a midget he exercised far greater caution in experimenting with himself than he did with the patients on whom the experiments now to be related were instituted. We must not spoil the rest of this "fairy tale of science" by altering a single word. Let it be borne in mind that

* *Query.*—Was the unseemly light-heartedness on the part of this cat in the presence of the dead body of its companion a pathogenetic effect of *Sodium nitrate?*

these patients were *not* suffering from angina pectoris nor epilepsy—one had "a little rheumatism only;" they came to consult the eminent physicians for various diseases, spent time and trouble, endured the discomforts of an out-patient waiting-room, and, when their turns came, explained their cases in the full trust that the eminent physicians would do their best to cure them. The eminent physicians treated them as follows:

"In addition to these experiments we have made some observations clinically. To eighteen adults—fourteen men and four women"—(we are told neither their colour nor their weight) "we ordered *ten* grains of the pure *Nitrite of Sodium* in an ounce of water, and of these seventeen declared that they were unable to take it. They came back protesting loudly, and required no questioning as to the symptoms produced. They seemed to be pretty unanimous on one point—that it was about the worst medicine they had ever taken. They said if they ever took another dose they would expect to drop down dead, and it would serve them right. One man, a burly, strong fellow, suffering from a little rheumatism only, said that after taking the first dose he 'felt giddy,' as if he would 'go off insensible.' His lips, face, and hands turned blue, and he had to lie down for an hour and a half before he dared move. His heart fluttered, and he suffered from throbbing pains in the head. He was urged to try another dose, but declined on the ground that he had a wife and family. Another patient had to sit down for an hour after the dose, and said it 'took all his strength away.' He, too, seemed to think that the medicine did not agree with him. Again, another patient said that in about half an hour after taking the first dose his heart came on beating very fast, and he throbbed all over. He felt very sick, but did not actually vomit. The women appear to have suffered more than the men; at all events they expressed their opinions more forcibly. One woman said that ten minutes after taking the first dose—she did not try a second—she felt a trembling sensation all over her, and suddenly fell on the floor. Whilst lying there she perspired freely; her face and head seemed swollen and throbbed violently, until she thought they would burst; she felt sick, but did not actually vomit; this lasted about three hours. Another woman said she thought she would have died after taking a dose; it threw her into a violent perspiration, and in less than ten minutes her lips turned quite black and throbbed for hours; it upset her so much that she was afraid she would never get over it. The only one of the fourteen patients who made no complaint after taking ten grains, was powerfully affected by fifteen. He suffered from violent nausea, and his head, he said, felt as if it would split in two. The effect on these patients was so unpleasant that it was deemed unadvisable to increase the dose.

"Sixteen patients—twelve men and four women—were ordered the nitrite in five-grain doses, and of these all of the women and six of the men were unable to take it. The symptoms complained of were those experienced with

the larger dose—faintness, nervousness, and a pain in the head. Nausea with eructation was of frequent occurrence, and in one or two cases there was actual vomiting. A young woman of twenty-four said she felt the effects of the medicine in about ten minutes, and had to lie down. She felt sick, and then vomited, the vomiting lasting off and on for two hours. She had to keep her bed the whole day, and was so weak and ill that she thought she was dying. Another woman said the medicine upset her so much that she went off in hysterics, and could not hold a limb still; she lost all the colour from her face, becoming deadly pale; she had a terrible headache, which was worse when she moved, especially on going upstairs. These results were so unsatisfactory that we determined to try what a still smaller dose would do. To thirteen patients—all men this time—we ordered the drug in three-grain doses, and in only four cases was any complaint made. These patients, however, suffered from the usual symptoms. One said, 'the medicine kept rising so, that he could not keep it down.' Another complained that it 'turned his lips blue, gave him a headache, and made him feel giddy.' Whilst the other two suffered chiefly from pains across the forehead.

"It must be admitted that our experiences have not been altogether satisfactory. We have no doubt that *Nitrite of Sodium* is a valuable remedy, but we fancy most patients would prefer taking it in small doses. On reference to the literature of the subject, we find that several observers have met with unpleasant symptoms as the result of the administration of *Nitrite of Sodium*. In the discussion which followed the reading of Dr. Ralfe's paper at the Medico-Chirurgical Society, Dr. Ramskill said he knew of a young lady who, on taking the first dose, fell down with livid lips and staring eyes in a most alarming condition. Similar effects were observed in two other cases, and he considered it inexpedient to administer large doses (fifteen grains) to young persons. Dr. Ralfe has also met with cases in which toxic symptoms were developed. On one occasion he prescribed the nitrite in twelve-grain doses for three patients. Two were cases of epileptiform attack, and one was a case of asthma. All three returned in a few hours with blue lips, in a state of semi-collapse, evidently produced by the drug."

We have abstained from comment throughout the above recital, as it would be impossible to draw up a more terrible indictment against these two experimenters—licensed under the Act to experiment on animals—than that supplied by their own words. It is simply complete. They have not left themselves a single loophole. The *Standard* opened its columns to a correspondence on the subject, and in a leader condemned the whole business in strong terms. To this Dr. Murrell made a feeble reply, but, as the *Standard* pertinently remarked, he unfortunately omitted to state whether the "patients" were suffering from angina pectoris or not. He has not since repaired the omission:

the "burly, strong fellow, suffering from a little rheumatism *only*," having doubtless altogether too threatening an aspect. Dr. Ringer, with characteristic modesty, has not had a word to say for himself, but a chilling note to the *Standard* from the Dean of the University Medical School, stating that the experiments had not been performed at University College Hospital, can hardly have afforded him pleasant reading. Dr. Sturges has written to the same effect from Westminster. There remains the North-West London Hospital, to which Dr. Murrell is physician, and as no disclaimer has come from thence, we may reasonably infer that the out-patients of that institution have been the favoured field of these never-to-be-forgotten "clinical observations." The *Medical Times and Gazette* thinks Professor Ringer and Dr. Murrell have made a "deplorably false move." It says: "There will be a howl throughout the country if it comes out that officers of a public charity are in the habit of trying such useless and cruel experiments on the patients committed to their care, and the whole profession will be placed in a false position. The public will not understand that such a mode of conducting out-patient practice is altogether exceptional, and would not meet with the approval of half a dozen doctors in the metropolis." Our contemporary thinks, then, it would meet with the approval of *some*. We shall see immediately that it is not mistaken. It concludes its condemnation with this charmingly innocent remark, the italics being ours:—"*It is with the view, if possible, of forestalling the actions of the anti-vivisectionists,* and counteracting the effects of this terribly false step, that we have felt ourselves compelled *reluctantly* to enter this protest against it." So if it had been merely a case of patients suffering cruel treatment, no word of protest would have come from the *Medical Times and Gazette*. But let Drs. Ringer and Murrell take heart, they are not without admirers, as the *Medical Times* hinted, and the *Medical Press and Circular* (November 14th) flies to their rescue. This enlightened journal takes a very simple view of the case—calmly ignoring the "patients." It complains that the correspondent in the *Standard* (Mr. Ernest Bell),

whose letter introduced the discussion, "unhesitatingly insinuated" against medical men the practice of experimenting on human beings! "Probably he has pictured to himself a hospital physician eagerly prescribing a series of new remedies to the patients under his charge, with the object solely of discovering what effects they may produce on the organism of man." This is exactly the picture Drs. Ringer and Murrell have drawn of themselves, thereby saving Mr. Bell any such trouble. But to continue our quotations from the *Medical Press*. "In the case of Drs. Ringer and Murrell's paper there can, to educated medical men, be no question either of the value of the observations detailed, or of the *bona fides* of the intentions with which they were carried out"—on the "patients" equally with the cats and frogs, of course! The experiments were, in fact, *necessary*. "If it should chance that we have in it (*Nitrite of Sodium*) a means of combating certain affections with success, *then to omit the measures necessary to proving in what manner and proportions it requires to be administered, would be to criminally neglect the imperative duty of medicine towards humanity!*" So, according to the *Medical Press*, Drs. Ringer and Murrell have been "cruelly and spitefully accused," and to have done otherwise than they did would have been an act of criminal neglect. We hope this high authority will soon make clear to us if it is our duty to experiment in this way on *charity* patients only; and if not, whether the practice is to be compulsory, like vaccination, and to include all persons in the realm.

Perhaps we shall hear it said that Drs. Ringer and Murrell have only done what homœopathists do—tried the action of drugs on human beings. To which it may be replied that homœopathic "provings" are made on the healthy, and that Hahnemann's experiments were performed on *himself* and disciples who were eager to help him. The conduct of the two experimenters in the matter of these "provings" is all of a piece with their unacknowledged appropriation of the fruits of Hahnemann's labours, with which homœopathists have long been familiar. We do not anticipate that much good will come of either.

"Imitate me," said Hahnemann, "but imitate me accurately."

Let us now see if anything of therapeutic worth may be gleaned from these violent experiments. It is evident that it was quite unnecessary to exhibit the dangerous doses of the drug to elicit its characteristic pathogenetic effects. Nothing but the coarsest effects of the drug were obtained from the massive doses. The lips turning blue, the giddiness, falling, nausea and vomiting, throbbing headache, and violent perspirations, are common to many drugs; and there is no peculiarity recorded by which we can distinguish these symptoms from the same produced by other poisons. The nearest approach to a definite characteristic symptom is the "pain across the forehead" complained of by two men who received three grains of the salt. Perhaps the marked blueness of the lips, and throbbing of the lips may serve to indicate to homœopathists the preference of this drug over others. *Glonoine* causes blueness of the lips and face, but not so persistently; a red face is the usual consequence of taking this drug. Again, *Amyl Nitrite* causes a scarlet flush on the face.

But, to the allopathic, rational, orthodox, scientific medical mind, what diseases does the *Nitrite of Sodium* suggest itself as likely to cure? Of all diseases in the world, *epilepsy* and *angina pectoris!* On what principle, it may fitly be asked, if not the homœopathic, is a drug which causes falling and lividity to be thought of as likely to cure epilepsy? And on what principle is a drug which causes palpitation and the fear of impending death, to be supposed suitable for the treatment of angina pectoris? Dr. Matthew Hay, who recently introduced this drug into notice as a remedy for the latter disease, has been appointed professor of *Medical Logic* at the University of Aberdeen:—perhaps he will be able to supply the answer.

Postscript.—As above stated, Dr. Murrell has supplemented his letter in the *Standard* by other letters in the *Lancet* and *British Medical Journal.* In his letter to the *British Medical Journal,* Dr. Murrell denies that he per-

formed any experiments on patients. In neither letter does he give any exact dates. The relative position in time of the frog-experiments is not noticed; but we are told that the cats were not poisoned until "long after" the "clinical" observations had been made. The experiments on cats were placed first in order in the article—not because they had been performed first, and because it was the proper order in point of science, but—because Dr. Ringer, who superintended the cat-poisonings, was Dr. Murrell's senior! Such a refinement of courtesy is quite refreshing in a matter-of-fact, scientific age like ours; but it does not tend to increase our confidence in the scientific productions of these two physicians. It now appears that they did not consider the effects produced on the patients to be sufficiently definite; it was necessary to have cats and frogs poisoned before they could be certain that *Nitrite of Sodium* was really a "toxic agent."

The "patients," Dr. Murrell tells us, were indeed patients, and were suffering from angina pectoris and its "allied diseases;" the "strong, burly fellow suffering from a little rheumatism *only*," it now appears presented at the time symptoms closely resembling those of angina pectoris. Dr. Murrell, though he nowhere expresses disappointment at his failure, really expected the doses to do the patients good. The first to whom he gave it was the man who *made no complaint* when he received the ten grains, and on that account (we are not told whether his angina pectoris was affected in any way) was promptly ordered fifteen grains, with the satisfactory result of his being "powerfully affected." Dr. Murrell considers himself to have been uncommonly cautious.

Dr. Murrell denies that the paper was written in a flippant style. "If the style do appear flippant, it is unwittingly so." There can be little doubt that the paper *does* appear flippant to simple-minded readers, but Dr. Murrell kindly explains this: "The remarks of the patients were for the most part made jestingly," and the reporter, with scientific exactness, reported their remarks in the tone in which they were uttered. This—if it can be relied on—

must be a peculiar effect of the drug. We have not many drugs capable of exalting the risibilities in a marked degree; but if *Nitrite of Sodium* can cause patients to drop down in a fit, and to lie for hours in various kinds and degrees of suffering, momentarily expecting death, and at the same time can fill them with such an exquisite appreciation of the funniness of the whole business, that when they come to report it they cannot contain their jocularity, we have a "key-note" symptom of inestimable value.

So far from the author's being flippant, the paper was only written under a strong sense of duty, and with an earnest purpose, and with the feeling that to have left it unpublished would have been an act of criminal neglect. Dr. Ringer, in endorsing this "explanation," adds that he wishes to correct an error in the last edition, just published, of his *Handbook of Therapeutics*: "The dose of *Nitrite of Sodium* should be small, two or three grains, not *twenty* grains as there stated!!" And Dr. Ringer makes no apology for this "act of criminal neglect," and omits to say how, after all his experience, clinical and other, he came to suffer this appalling blunder to remain.

It is really altogether most puzzling. If the observation and experiments of Drs. Ringer and Murrell were made before Dr. Hay pointed out in March last that *Nitrite of Sodium* was apt to be impure, why did they take such special precautions to have it manufactured pure? And why did not their strong sense of duty to mankind impel them to publish their solemn warning as soon as they had discovered the poisonous nature of the salt? Again, if they had found out the impurity of the ordinary preparations before Dr. Hay, how came they in most anti-scientific humility to allow him to have all the credit of priority? If, on the other hand, their observations were not made until after Hay's warning was published, what becomes of Dr. Murrell's claim to have acted cautiously in prescribing *only* ten grains of the pure salt, when it was known that the dose previously recommended referred to the far less active impure salt? We confess the conundrum is beyond us.

As we can no longer look upon the dosing of the forty-

seven patients with *Nitrite of Sodium* in the light of experiments, we may perhaps be allowed to regard it as a piece of medical practice. We do not know if the physicians who made themselves responsible for it are proud of the perfection of skill they have attained in the "healing" art, but, no doubt, when they published these "clinical observations," they were under no "strong sense" that they were making an exhibition of a piece of exceedingly curious practice. They were "anxious to give their patients the benefit (!) of the discovery" of this drug. The patients certainly had a benefit. From all that appears it would seem that their anxiety was mainly directed to the behoof of their *hospital* patients. Drs. Ringer and Murrell are welcome to the comfort of excusing themselves of the charge of experimenting on patients by a confession of what, by no stretch of friendly imagination, can be described as skilful practice, —however "cautious" and well intentioned.

The *British Medical Journal* in rebuking, from its lofty height, the outcry that has been raised against the two physicians, says: "Few have done more to add to the resources of modern medicine, and to enlarge the *armamentarium* of remedies in acute and painful diseases during the past few years, than these two distinguished therapeutists." And it gives an instance; speaking of Dr. Murrell as one "with whose name the remedial uses of *Nitro-Glycerine* are indissolubly connected." Yes; Dr. Murrell may be said to have *discovered Nitro-Glycerine* as a remedy—in the homœopathic pharmacopœia. This is one of the many "unconsidered trifles" he and his "senior" have of late years been busy picking up in homœopathic preserves, and adding — unacknowledged — to the pitiful store of the resources of modern (orthodox) medicine," reaping themselves the honour and glory of their "discoveries." But we must not blame them for this. To acknowledge the source of their "findings" would be to commit the unpardonable sin of medicine—*trading on a name!*

INFLUENCE OF HOMŒOPATHY ON CONTEMPORARY SCIENCE.

By Dr. Jousset.*

Dr. Bouley, formerly President of the Academy of Medicine, in his lectures on "Comparative Pathology," at the Museum, gave one lecture on "Contagious Diseases and Preventive Treatment" which is of interest for us in several respects. First, we find there an irrefutable scientific demonstration of the action of infinitesimal doses; next, the professor cites two preventive medications: *Arsenic* against marsh fevers, and *Copper* against cholera. These are nought but applications of the law of similars. Here we find the whole of the homœopathic reformation. The school of the *Art Médical* has always maintained that homœopathy was only a therapeutic reformation, nothing in fact but a mode of treatment, consisting, on the one hand, in the application of the law of similars; on the other, in the action of infinitesimal doses; and, again, this second proposition is not so essential as the first, because some physicians among ourselves are in the habit of constantly prescribing ponderable doses.

Dr. Bouley has, moreover, a mind sufficiently elevated and scientific to prevent him rejecting innovations *a priori*, or disdainfully scouting everything that may savour of homœopathy. He is the brother of a learned physician who was the friend of the founder of our school—Dr. J. P. Tessier. Besides this, if we are accurately informed, he is the only academician who, at the meeting of the 23rd January, was not scandalised by hearing the name of Hahnemann cited in a lecture at the Academy, and refused to join in blaming the foreign colleague who was so imprudent as to mention that awkward name in that assembly of the orthodox.

The following is the interesting passage in Dr. Bouley's work respecting the action of infinitesimal doses:

* From *L'Art Médical*, September, 1883.

"The experiments regarding the cultivation in suitable media of microscopic fungi, and of certain microbes whence certain contagious diseases arise, have led to the proof of this fact, that there is a strict correlation between the composition of the media of cultivation and the greater or less activity of the movements of the microbes planted on them, and consequently we can at will divert this activity of movement, increase or retard, or even completely arrest it, by modifying the composition of the cultivation liquid. The researches have brought to light another fact of great importance in reference to therapeutics, viz. that infinitesimal modifications of these media can reveal themselves by a relatively enormous influence on the manifestations of vital activity of the microbe under cultivation. This is shown by what M. Raulin observed to take place in the liquid in which he studied the development of the microscopical plant called *Aspergillus niger*. Thus by removing one of the component elements of this liquid or by adding new elements to it, he was able to cause considerable variations in the crop produced. For instance he caused it to fall from 25 grammes to 1 gramme by excluding *Potash*, and from 25 to 2·5 by withholding *Zinc*, the whole amount of which was only 32 milligrammes in the liquid used. Thus, then, the action of this small quantity of *Zinc* suffices, says M. Duclaux, 'to produce an increase of 22·35 in the crop, that is to say it allows the formation of a weight of plant 700 times greater than its own weight.' Is not this singular? And is it not still more so when we consider that the plant, sensitive as it is to the action of *Zinc*, has to take it in a liquid where it is diluted to $\frac{1}{50000}$th. On what infinitesimal proportions of a useful element may depend the health of a living being, the success of a cultivation! Nor is this all; the addition to the cultivation liquid of elements hurtful to the plant produces effects still greater than the abstraction of those useful to it. If we add to the liquid $\frac{1}{1600000}$th part of *Nitrate of Silver* the vegetation stops instantly. It cannot even commence in a silver vessel, and yet chemistry is unable to show that any portion of the matter of the vessel is dissolved in the liquid. But the plant shows its power by dying. In like manner it shows the presence of $\frac{1}{500000}$th of *Corrosive sublimate*, $\frac{1}{80000}$th of *Bichloride of Platina*, $\frac{1}{240}$th of *Sulphate of Copper*. 'A

simple reflection will render these figures interesting,' says M. Duclaux. 'Suppose the *Aspergillus* were a human parasite, able to live and develop itself in the organism, and invade it in every part, the quantity of *Nitrate of Silver* required to make it disappear out of the body of a man weighing 40 kilogrammes would be only 40 milligrammes. If it developed itself only in the blood an organism as sensitive to the action of *Nitrate of Silver* as *Aspergillus* would only require 5 milligrammes of its poison.'"

We may leave alone the conclusion of Dr. Bouley, who, faithful to the prevalent ideas respecting animated etiology, "hopes that he may succeed in discovering modifying agents which, added to the blood, will be able to render its composition incompatible with the development of a contagious microbe."

What is the homœopathic dilution corresponding to the quantity of metal of the silver vessel dissolved in the liquid? In the face of the fact cited it is logically impossible to deny the action of our 12th and 30th dilutions. The sixteen hundred thousandth part of *Nitrate of Silver* required to produce the same result is intermediate between our 3rd centesimal and 7th decimal dilutions. It appears to be impossible to treat us nowadays as impostors. The demonstration of the action of our drugs is made not by us, who might be suspected, but by savants who are no way connected with us, and who only speak in the interest of general science.

Subsequently Dr. Bouley communicated to his audience a report to the Italian Minister of Agriculture on the trials made in malarious countries with a view of protecting the inhabitants by the use of *Arsenic*. Dr. Tommasi Crudeli, member of parliament, says that "it has often been remarked in malarious countries that after prolonged arsenical treatment the fevers have less tendency to relapse than after treatment by *Quinine*, and even that patients cured by *Arsenic* enjoy a permanent immunity from renewed attacks of malaria." It was consequently thought that a preventive arsenical treatment might protect from

malarious fevers persons living in aguish districts. "In order to prevent attacks of ague M. Crudeli adopted a special posological method, and for this purpose he caused to be prepared small tablets of gelatine divided into fifty small squares, which could be detached as easily as postage stamps, and each of which contained a fixed quantity of *Arsenious acid* or *Arsenite of Soda.*"

He applied to the Roman and Southern Railway Companies, whose employés were daily exposed to contagion. His proposal was accepted by the doctor of the companies, Dr. Ricchi, and the trial commenced.

"Observations were made in three sections, one in a highly malarious region, the other two in regions still more subject to malarious influences. In these three sections 455 persons were submitted to the trial—401 men and 54 women. Gelatine tablets were used, each of the little squares of which contained two milligrammes of *Arsenic*. The treatment was commenced by giving one square per diem to each person; after four days the quantity of squares given was increased to two, and so on until the maximum of eight milligrammes of *Arsenic* per diem was reached. In some cases this maximum was exceeded without any bad effects; on the contrary, with advantage. The final result is thus stated. 'Of 455 persons, 338 were cured of fevers which they had, or were completely protected; in 43 cases the result was negative, in 74 doubtful.' Among the class of negative results are included those who did not pursue the treatment regularly, and those on whom the trial was only made for a few days, in consequence of their refusal to continue the treatment. In the class of doubtful cases are included several who alternated the arsenical treatment with other means. M. Recchi thinks that the numbers in these two classes would have been smaller if the doctors and the subjects of trial had had greater confidence in the employment of *Arsenic*.

"According to M. Crudeli, these conclusions of M. Recchi are justified by the results obtained by MM. Alexandre and Titus Piacentini in the Roman Campagna, by Prince Corsini in the Tuscan Maremma, and by Professor Occhini among the employés of the royal hunt of Castelporciano. Further, a large proprietor

of Apulia, M. Virocchi, made a trial of the arsenical treatment, as a prophylactic, on the reapers who, to the number of 80 to 100, worked on his farm of Giardino during the years 1881 and 1882, and he expresses himself as satisfied with the result. According to him those men who had undergone the arsenical treatment were so convinced of its preventive power that they themselves begged to be similarly treated again when they returned to work on the farm."

Moreover, it has been observed that the animals indigenous to marshy countries are exempt from febrile affections, but such is not the case with animals imported into those countries and not acclimatised; thus Dr. Vecchi, the veterinarian, says that "horses imported into the Roman campagna are often attacked by malarious fever, whereas it is very rarely observed in the horses of the country."

Dr. Bouley adds that the experiments of MM. Marchiafava and Cuboni have demonstrated that if the blood of a patient affected with severe intermittent fever is injected into dogs and rabbits it produces in them a similar malady. Experiments are about to be made in Italy in which, for purposes of comparison, injections will be made in animals previously subjected to an arsenical treatment and in animals to whom no prophylactic has been administered. Whatever may be the result of these experiments, we find in them always the same idea: to modify the composition of the blood in order to prevent the growth of the still unknown microbe of the malaria. It seems to us to be much more simple to fall back on our therapeutic law and to say: Just as *Belladonna* protects from scarlatina, because it causes symptoms similar to those of the disease, so *Arsenic* protects from ague because it causes similar symptoms. Moreover, the treatment of intermittent fever by *Arsenic* was recommended by Dr. Boudin, who was the friend of our homœopathic colleague, Dr. Chargé, and who must have witnessed the success of homœopaths with *Arsenic* in obstinate cases of ague which had resisted *Quinine.*

We shall now proceed to demonstrate the *febrigenic* action of the *febrifuge* arsenic. Without neglecting the documents proper to the homœopathic school, we shall take our facts chiefly from the works of orthodox authors.

We find in Hahnemann's *Materia Medica Pura*, Symp. 911, "towards evening drowsiness with chilliness, and at the same time a disagreeable feeling of illness through the whole body, as in ague when the fit is quite or nearly over, recurring at the same hour two days later; after midnight profuse perspiration on the thighs." Further, Symp. 946, "an attack of fever which recurs at a certain hour for several days." Then, Symp. 958, "every evening a febrile rigor," and Symp. 996, "fever every alternate day."

We have purposely omitted all febrile symptoms which do not display the intermittent type.

Our learned colleague, Dr. Imbert-Gourbeyre, published in the *Art Médical** an essay on the febrigenic action of *Arsenic*, and we here give a resumé of various observations taken from allopathic sources.

Obs. 1.—9th May, 1831, Caillette and his wife were poisoned by *Arsenic* mixed with their food. They presented all the classical signs of that poisoning and died, the husband on the thirteenth day, the wife on the twenty-ninth. "The vomiting and diarrhœa ceased on the fourth or fifth day; then there came on heat in the gullet, dysphagia, many aphthæ in the mouth, marked insensibility of hands and feet, and *attacks of fever every evening*" (Devergie).

Obs. 2.—In a manufactory in Lower Austria five persons were poisoned by the water of a spring which ran near a deposit of cobalt, some of which had got mixed with the water. These five persons complained of nausea, pain in the stomach and bowels, with burning in the œsophagus, watery evacuations, slight attacks of fever on the previous days, which increased in intensity. (Flechner, *Verhandl. der k.k. Gesell. zu Wien*, 1843.)

Obs. 3.—"One of the victims of Ursinus, a celebrated German poisoner, swallowed the poison introduced into his food on the 25th and 28th February. The effects of *Arsenic* lasted a long

* Vol. xxii, p. 110 *et seq.*

time. In the following month of May the patient, in addition to other symptoms, had frequent attacks of fever." (Metzger, *Med. ger. Abhandl.*, Kœnigsberg, 1804.)

Obs. 5.—A lady, æt. 44, suffered in the summer of 1857 from blepharitis, which went off when she quitted a room painted with *Arsenic* green. In 1858 the symptoms recurred on again inhabiting the room. "In the following November she had anorexia, nausea, headache, *violent fever, diarrhœa, slight hypertrophy of the spleen*, and spasm of the glottis. At the end of three weeks the *fever* and the intestinal symptoms ceased, but the appetite did not return, the tongue remained furred, and the blepharitis reappeared. Some days afterwards the patient was *seized every evening with chills followed by heat*, which yielded to *Quinine*." Other symptoms occurred, and particles of *Arsenic* were found in the dust gathered in the room. The patient was completely cured on ceasing to inhabit the room. (Oppenheim, *Verhandl. der naturhist. Ver. zu Heidelberg*, 1859.)

Graves in his *Clinical Lectures*, speaking of the treatment of psoriasis by *Arsenic*, mentions that when the employment of this remedy in strong doses has been continued long, the occurrence of fever renders it necessary to discontinue the medicine.

Dr. Boudin, in his treatise on intermittent fevers, says: "I have noticed the occurrence of *quotidian intermittent fever* which I had to treat with *Quinine*, in one of my patients who had taken 24 centigr. of *Arsenious Acid* in 12 days, for ichthyosis. Was this a simple coincidence? I cannot tell; at all events, apart from the cutaneous affection, the patient enjoyed perfect health, and *his intermittent fever* occurred at a time when no similar disease prevailed in the town. At the same time I confess that the fact was of too isolated a character to be conclusive."

From Dr. Imbert-Gourbeyre's article we take the two following passages:—"In 1851 Dr. Delaharpe published in a Swiss journal the observation of a young woman who was treated for obstinate psoriasis with *Arseniate of Soda*, one eighth of a grain morning and evening. The patient was attacked by a severe *tertian fever* during the treatment; at

that time she had resided for six months in Lausanne, which is not an aguish country."

"I had never seen a true intermittent fever developed [under the influence of *Arsenic*] until, some weeks since, I prescribed for a girl, aged nine years, who had icthyosis, a draught containing four drops of *Fowler's solution*, two teaspoonfuls in the twenty-four hours. The remedy was continued for fifteen days, and at the end of a week she had several attacks of regular quotidian intermittent fever, which I arrested by means of *Nux vomica*. I believe that in this case I had to deal with a real arsenical fever."

In conclusion we may give an interesting observation taken from the *Journal de Médecine de Lyon* (1st November, 1868).

"M. Leriche, Interne des Hôpitaux, read in the Société des Sciences Médicales a case of *intermittent fever brought on by Arsenious acid.*

"Patricot, a miller, æt. 37, was sent to the Hôtel Dieu at Ste. Eugénie, said to be suffering from myelitis. About a month ago he made a violent effort to lift a sack; all at once he felt a pain in his loins which forced him to discontinue his work; in addition to the pain there were febrile symptoms, during which he was brought to the hospital. The third day after the accident he began to feel great weakness in the lower limbs, with diminished sensibility and caloricity. The twelfth day the fever ceased, and after remaining a fortnight longer in the hospital he was sent to us as a convalescent on the 6th July. On admission he still complained of pains in the lumbar region. He says that the power, the sensation, and the warmth of his limbs are returning, but it is evident that they are still below the normal. He walks slowly and with difficulty. 7th.—*Acid. arsen.* was given in doses of two milligrammes of *Boudin's solution*. 9th.—The patient states that he had the previous day about 8 a.m. an *attack of fever* which lasted about an hour. This morning the *attack recurred*. 10th.—At the time of the visit the patient is in a full *rigor*. He was ordered to take the following day fifty centigrammes of *Sulp. of Quinine*. He states that he has never had intermittent fever nor lived in a marshy country. 11th.—

The *attack recurred*. *Sulp. of Quinine* 85 centigrammes for the following day. 12th.—The *attack recurred* in the morning somewhat earlier (7 a.m.). One gramme of *Sulp. of Quinine* in the evening. 13th.—The attack was not severe this morning. The idea that *Boudin's solution* may be the cause of the fever occurs for the first time, it is left off; *Sulp. of Quinine* 75 centigrammes. 14th.—There is *no more fever*. The *Sulp. of Quinine* is, however, still continued, 50 centigrammes for to-day and to-morrow. The state of the spleen was not observed. I should remark that the fever showed itself the first time the day after the first dose of the arsenical solution, and that it diminished in intensity under the influence of a strong dose of *Sulp. of Quinine* (1 gramme 85 centigrammes in one day). The attacks ceased on discontinuing the suspected medicine."

The above are the well-known facts which when viewed in connection with one another become convincing. After reading them it is logical to admit that *Arsenic* can produce fits of intermittent fever; on the other hand, the observations of Dr. Crudeli, cited by Dr. Bouley, demonstrate the prophylactic power of *Arsenic* against invasion of marsh fever. The homœopaths have long known, and since Dr. Boudin's testimony the allopaths admit, that *Arsenic* cures old intermittent fever which resists the action of *Sulphate of Quinine*. Is it not natural to conclude in the light of these two facts, to wit, the *febrifuge* and the *febrigenic* action of *Arsenic*, that it is just because it can produce on the healthy febrile symptoms of a certain nature, that this medicine is capable of preventing and curing marsh febrile states analogous to those it produces? We have here, in fact, a demonstration of the law of similars.

It is easy to come to the same conclusion with respect to the preventive action of *Copper* against cholera. Dr. Burq, the inventor of this method, is one of ourselves, since he was a member of the Homœopathic Congress of Paris of 1858; he was also, we believe, member of the Gallican Society. His works were well known to the homœopaths long before M. Charcot took them under his patronage thereby ensuring their admission into official medicine.

The action of *Copper* as a preventive remedy of cholera is at once a demonstration of the action of infinitesimal doses and of the principle of similars. Dr. Burq has collected a great number of instances gathered from all the world.

"Dr. Vernois, Secretary of the Conseil de Salubrité de la Seine in 1869, testified to their positive character in a very laudatory report."

"All the artificers in *Copper* who have successively been members of the Société du Bon Accord since its foundation in 1819, escaped cholera and typhoid fever, or at least none have succumbed to either of these diseases.

Poisoning by *Copper* is sufficiently like cholera to have led Hahnemann to include *Copper* among the four remedies he indicated for that disease (*Camphor, Arsenic, Copper,* and *Veratrum*). We have no intention to discuss here the question of priority and to show that Dr. Burq was led to make his investigations among artificers in *Copper,* because in his quality of homœopathic physician he was familiar with the writings of Hahnemann.* It will suffice now to show that the action of *Copper* in this case is homœopathic. It is needless to go to Hahnemann for the proof of this, though the pathogenesis he gives us contains very marked choleraic symptoms. We only need to look in Tardieu's *Treatise on Poisonings* at the description of the *acute form* of poisoning by *Copper*. "Greenish vomiting in abundance marks the commencement of the poisoning; this is accompanied by excruciating colic, repeated stools, sometimes slimy, rarely bloody, cardialgia, tenesmus; the pulse is small, the head painful, prostration is great, the vomiting incessant . . . urine scanty or suppressed. Sometimes a tetanic convulsion attacks the jaw and the throat, and cramps occur in the muscles of the limbs; cold sweat, vertigo, syncope, and convulsions announce and precede death."

* In an article we have lately read in the *Gazette des Hôpitaux*, Dr. Burq mentions that Hahnemann and his followers have made use of copper in the treatment of cholera, but he ridicules their doses. We would like to ask him what is the dose of copper that acts in his metallic applications?

If Dr. Bouley will read these documents attentively I am convinced that he will acknowledge the influence of homœopathy on contemporary science, for it gave the first idea of infinitesimal doses, the power of which he demonstrated in the facts he brought forward in his lecture at the museum, and its principle, *similia similibus curantur*, gives the most simple and most scientific explanation of the preventive action of *Arsenic* and *Copper* in marsh fever and cholera.

In a communication to the *Pall Mall Gazette* of 30th October last, Professor Tyndall, who is always ready to announce to the public those wonderful discoveries and hypotheses which are incessantly cropping up in the bosom of orthodox medicine, and to prophesy for them vast benefits to suffering mankind, which, singularly enough, they invariably fail to realise—Professor Tyndall—nothing daunted by the non-fulfilment of his past prophecies—again indulges in a hopeful vaticination respecting the enormous benefits that will certainly flow to sick humanity from the above observations of Drs. Bouley, Raulin, Duclaux, and Crudeli, if only a sufficient number of "bovine animals"—or, as we should say, "cattle"—are experimented on to test the prophylactic power of *Arsenic* in malarious fever. He goes so far as to say that "they who oppose investigations such as those here indicated [to wit, on the "bovine animals"] are unwittingly ranging themselves on the side of the enemies of the human race." As there are very good reasons for doubting whether such investigations can be of any use to mankind, we cannot agree with the learned professor in condemning those who oppose them as "enemies of the human race," but there can be no doubt that those who encourage them are enemies of the bovine race.

Orthodox physic has been wittily said to be the Johanna Southcote of the sciences, continually announcing that she is pregnant with some wonderful idea destined to prove immensely beneficial to the human race; and Professor Tyndall likes to pose as her Mrs. Gamp, prophesying all sorts of excellencies for the expected bantling—which never arrives.

REVIEWS.

Fat and Blood: and how to make them. By S. Weir Mitchell, M.D.

The Systematic Treatment of Nerve-Prostration and Hysteria. By W. S. Playfair, M.D., F.R.C.P.

Dr. Playfair's book consists of little more than remarks or a commentary upon Dr. Weir Mitchell's; an introduction to the English medical profession of a method hitherto confessedly most unmanageable. Dr. Playfair very loyally gives all credit to Dr. Weir Mitchell for the discovery of the method in question and praises it in very emphatic language. "I have had more satisfactory and surprising results from it than I have ever before witnessed in any branch of my professional experience," he says. Such testimony must weigh much with the profession, coming as it does from one with so large an experience of women's diseases as a professor of obstetric medicine and physician for diseases of women must have. And he says also, "I now more confidently undertake the care of a well selected case of this kind than I do of almost any malady that comes under my charge."

What then is the case or class of cases which, hitherto badly and unsuccessfully treated, is now so successfully treated by the Weir Mitchell method as to call from Professor Playfair such strong expressions of approval? And what is the treatment which has been found so superior to that which was had recourse to previously?

The patients are chiefly if not exclusively women. They are almost always anæmic, feeble and emaciated. There is

a foundation of hysteria in most of them, and many have been bed-ridden for years, a burden and source of suffering to themselves and all with whom they come in contact. As a rule they have been treated for many disorders, chiefly spinal and uterine, but for many others besides, gastric, malarious, bladder, intestinal, and the whole class of neuroses. There is generally moral and intellectual as well as physical deterioration. There is a morbid craving for sympathy which is unhappily gratified as a rule by all coming in contact with them, and self-introspection and selfishness thus fostered. A very large proportion of the cases has been kept under the influence of narcotics for months and even years, sleep only being secured on such terms. There is no organic disease as a rule, except, perhaps, small fibroid tumours or excrescences on the uterus. "The typical cases," Dr. Playfair says, "likely to succeed well are those old-standing, bed-ridden and wasted invalids, who have been dragging on for years in a state of chronic helpless invalidism; or those more definitely hysterical patients who suffer from a variety of simulated diseases and have become morbidly dependent on the injudicious sympathy and tending of their friends." Most of such patients have tried innumerable remedies and applied to doctors of every kind of practice. One patient had consulted, Dr. Playfair tells us, five and twenty medical men, and tried seventy-nine different uterine instruments. Another patient had not put her foot to the ground for twenty-three years.

It must be considered a great fact in medicine that such patients may be cured, not merely patched up, but cured; and the profession must be anxious to know and make trial of the method which is declared by its discoverer, Dr. Weir Mitchell, to be the curing agent.

It may be as well to give a typical case before describing the treatment. It is one of Dr. Playfair's and will be found at page 84 of his work. Most medical men on coming in contact with such a case would shrug their shoulders and undertake its treatment, if they did undertake it, with anything but a feeling of hope. They would undertake it

believing that the utmost they would find themselves able to do would be to palliate somewhat some of the symptoms.

Here is the case: "The last example with which I shall trespass on your patience I am tempted to relate, because it is one of the most remarkable instances of the strange and multiform phenomena which neurotic disease may present which it has ever been my lot to witness. The case must be well known to many members of the profession, since there is scarcely a consultant of eminence in the metropolis who has not seen her during the sixteen years her illness has lasted, besides many of the leading practitioners in the numerous health-resorts she has visited in the vain hope of benefit.

"My first acquaintance with this case is somewhat curious. About two months before I was introduced to the patient, chancing to be walking along the esplanade at Brighton with a medical friend, my attention was directed to a remarkable party, at which every one was looking. The chief personage in it was a lady reclining at full length on a long couch, and being dragged along, looking the picture of misery, emaciated to the last degree, her head drawn back almost in a state of opisthotonos, her hands and arms clenched and contracted, her eyes fixed and staring at the sky. There was something in the whole procession that struck me as being typical of hysteria, and I laughingly remarked, 'I am sure I could cure that case if I could get her into my hands.' All I could learn at the time was, that the patient came down to Brighton every autumn, and that my friend had seen her dragged along in the same way for ten or twelve years.

"On January 14th of this year, I was asked to meet my friend, Dr. Behrend, in consultation, and at once recognised the patient as the lady whom I had seen at Brighton.

"It would be tedious to relate all the neurotic symptoms this patient had exhibited since 1861, when she was first attacked with paralysis of the left arm. Among them—and I quote these from the full notes furnished by Dr. Behrend—were complete paraplegia, left hemiplegia, com-

plete hysterical amaurosis, but from this she had recovered in 1868. For all these years she had been practically confined to her bed or couch, and had not passed urine spontaneously for sixteen years. Among other symptoms, I find noted 'awful suffering in spine, head and eyes,' requiring the use of chloral and morphia in large doses. 'For many years she has had convulsive attacks of two distinct types, which are obviously of the character of hystero-epilepsy.'

"The following are the brief notes of the condition in which I found her which I made in my case-book on the day of my first visit:—'I found the patient lying on an invalid couch, her arm paralysed and rigidly contracted, strapped to her body to keep it in position. She was groaning loudly at intervals of a few seconds from severe pains in her back. When I attempted to shake her right hand, she begged me not to touch her as it would throw her into a convulsion. She is said to have had epilepsy as a child. She has now many times daily, frequently as often as twice in an hour, both during the day and night, attacks of sudden and absolute unconsciousness, from which she recovers, with general convulsive movements of the face and body. She had one of these during my visit and it had all the appearance of an epileptic paroxysm. The left arm and both legs are paralysed and devoid of sensation. She takes hardly any food and is terribly emaciated. She is naturally a clever woman, highly educated, but of late her memory and intellectual powers are said to be failing.'

"It was determined that an attempt should be made to cure this case, and she was removed to the Home Hospital in Fitzroy-square. She was so ill, and shrieked and groaned so much on the first night of her admission, that next day I was told that no one in the house had been able to sleep, and I was informed that it would be impossible for her to remain. Between 3 p.m. and 11.30 p.m. she had nine violent convulsive paroxysms of an epileptiform character, lasting on an average five minutes. At 11.30 she became absolutely unconscious and remained so until 2.30 a.m., her attendant thinking she was dying. Next

day she was quieter, and from that time her progress was steady and uniform. On the fourth day she passed urine spontaneously and the catheter was never again used. In six weeks she was out driving and walking, and within two months she went on a sea voyage to the Cape looking and feeling perfectly well. When there, her nurse who accompanied her had a severe illness through which her ex-patient nursed her most assiduously. She has since remained, and is at this moment, in robust health, joining with pleasure in society, walking many miles daily, and without a trace of the illnesses which rendered her existence a burden to herself and her friends."

A natural remark for a medical man to make on reading the history of this case is, What treatment could have worked such a miracle? It could not have been a drug, nor a change in diet, nor a change of air, nor any surgical or mechanical agent, nor electricity, nor any *one* thing. A combination of agents alone could have done such great things. A revolution in the life and habits of the patient must have been effected. And that is exactly what was done. Everything was changed. The life was altered in its every detail, and so thoroughly and absolutely, that its justification could only be found in one result, that of success. That result, however, has been so invariable when the proper case has been properly treated on the lines laid down by Dr. Weir Mitchell, that the profession may congratulate itself on having to encounter one less of the *opprobria medicinæ* than it had before, on having, not a remedy but a plan of treatment which, as far as our experience yet goes, cures the cases in question as certainly, more certainly than quinine cures ague.

What is that treatment? It consists in subjecting the patient for a certain number of weeks to absolute rest, a very full diet, massage, passive exercises, and electricity. But the rest must be secured on the terms of complete seclusion. "An important element in the treatment, and one which, from what I have seen of these cases, I believe to be absolutely indispensable," says Dr. Playfair, "is the entire

seclusion of the patient under a competent nurse, and her removal from the morbid atmosphere of invalid habits which has gradually grown up around her. Unless the patient is entirely removed from the injudicious sympathy and constant tending of her friends, it will be next to impossible to gain that moral influence over her which is really essential to success." And Dr. Weir Mitchell says: "I have often made the effort to treat these cases in their own homes and to isolate them there, but I have rarely done so without promising that I would not again complicate my treatment by such embarrassments. Once separate the patient from the moral and physical surroundings which have become part of her life of sickness, and you will have made a change which will be of itself beneficial and will enormously aid in the treatment which is to follow."

Rest in bed, therefore, and away from home and familiar faces and objects, is the first thing to be done; and that rest is to be continued for a month at least. During that time there are to be no visitors except the doctor, no one to talk to but him and the nurse. There is to be no writing nor reading, no working. Every necessary movement is to be done with assistance. Literally, the patient is to do nothing but clean her own teeth. Once in the day she is is to be lifted out of bed to be sponged all over and then lifted back again. She is not to feed herself but to be fed. She is not to speak of her symptoms even to the nurse; no one is to hear about them but the doctor.

Feeding largely comes next in the programme. But it is commenced cautiously. For a day or two nothing but milk is given and in gradually increasing quantities. Coffee is given the first thing in the morning, generally, especially where there is constipation. In five or six days a pint of raw soup is added to the dietary, divided into three portions. Bread and butter comes a few days later with an egg, and so on to fish and poultry and beef and mutton. Here is the dietary on the tenth day of treat-

ment of one who for twenty years had lived on starvation diet and not left bed or couch during all that time. It is given at page 51 of Dr. Playfair's book : 6 a.m., ten ounces of raw meat soup; 7 a.m., cup of black coffee; 8 a.m., a plate of oatmeal porridge with a gill of cream, a boiled egg, and cocoa; 11 a.m., ten ounces of milk; 2 p.m., half a pound of rump-steak, potatoes, cauliflower, a savoury omelette, and ten ounces of milk; 4 p.m., ten ounces of milk and three slices of bread and butter; 6 p.m., a cup of gravy soup; 8 p.m., a fried sole, roast mutton (three large slices), French beans, potatoes, stewed fruit, and cream, and ten ounces of milk; 11 p.m., ten ounces of raw meat soup. Pretty well for a delicate invalid, and that without causing any dyspeptic symptoms. This patient, who weighed only seven stone eight pounds at the beginning of the treatment, had gained at the end of it—in six weeks—three stone one pound. When too hasty a change to full diet has been made and dyspeptic symptoms show themselves in consequence, milk diet for a short time is reverted to and with perfect success.

But it stands to reason that this feeding could not be tolerated for a day were not precautions taken to secure waste in exact proportion to supply. Rest and feeding cannot but injure if such precautions are not taken. With those precautions they work wonders. If the cutaneous circulation is improved and maintained, and if the muscles are brought into active exercise without the expenditure of nerve-force, the end is gained. And how can that be brought about? By massage, passive exercises, and electricity.

Massage is no new agent in the treatment of disease, and its value has been long recognised as a preventive as well as a remedy. Dr. Weir Mitchell tells us that by it the secretions of the skin are stimulated, flabby muscles acquire firmness, the temperature is slightly raised, and "the alternate grasp and relaxation of the manipulator's hands squeezes out the blood and allows it to flow back anew, thus healthfully exciting the vessels and increasing, mechanically, the flow of blood to the tissues which they feed."

Electricity acts much in the same way, and should be applied in the form of induction currents with interruptions, as slow as one in every two to five seconds. It exercises muscle like massage and so improves circulation. And passive exercises have the same object in view, that of causing a stimulus to every part and tissue of the body, bringing them into play, and so acting as a substitute for voluntary exercise; thus securing the digestion and assimilation of the large quantities of food which the patients take.

Such is the treatment advocated in these works for the malady called "nerve prostration and hysteria." As a rule, nothing else is done than what has been described above. But in certain cases Dr. Weir Mitchell gives the sub-carbonate of iron, cod-liver oil, and Hoff's fluid malt. We believe that it would be better to do without these substances. When they are administered it is difficult to make an estimate of their value in the treatment, and yet they must be taken into account. Alcohol, also, is introduced in some cases, but it is oftener taken away; but when it is given it must not be forgotten, of course, in judging of the treatment. But a sufficient number of the cases in question has been treated without drugs of any kind being administered to establish the fact that they can be successfully treated by means of the Weir Mitchell method; that is to say, by seclusion and rest, by abundant feeding, and by massage, electricity, and passive exercises, and by these alone.

It is almost too good to be true. But to secure such resurrections many precautions must be taken. In the first place, the case must be suitable for the treatment. There must be no organic disease, or, if organic disease, such as interferes little if at all with the bodily functions. Even when there is organic disease, however, much good may be done, though a perfect cure may not be effected. A week of treatment is sufficient test. At the end of that time if no good has been done it is best to give up the case. Something in the physical or mental or moral condition of the patient militates against success, and this should be recognised at once.

A good nurse is perhaps the most essential part of the

treatment, and it is not unlikely that the method will often be discredited at first in consequence of the nurse being a bad one. Dr. Playfair gives a case in which a patient of his did not improve as he believed she should have done during the first few days. Feeling satisfied that his instructions were not being carried out by the nurse he dismissed her and got another; and he had the satisfaction of seeing his case go on afterwards to perfect recovery. He found that the first nurse mismanaged the massage, and had not the tact nor intelligence necessary to the case, and yielded in everything to the wishes and fancies of the patient. Whereas an essential in such cases is that the patient submit herself absolutely in all things to doctor and nurse. She is to have no will of her own, having had the gratification of that will indulged and encouraged for years before to her own detriment and the fostering of all her ailments. The nurse part of the programme will constitute a difficulty for some time. Nurses will require a special training for such cases, especially if part of their duty is to manage the massage. Much skill and much strength are necessary to make a good masseuse, and nurses, though good ones, may not have that skill and strength. It will be better, Dr. Playfair thinks, to have the massage done by a special individual, the nurse's duties being numerous and exacting enough without adding to them that of shampooer.

The massage at first is too fatiguing to the patient to be continued longer than twenty minutes twice a day. But after a time it is easily borne for an hour and a half twice a day. The whole body is gone over, beginning with the feet and going upwards. Full instructions are given in these books as to the process, and much depends on that process being thoroughly accomplished. The feeding cannot be carried into effect without the massage, and the massage could not be borne without the support to the system effected by the feeding. Those two parts of the treatment must bear relation to each other. When dyspepsia results from the abundant food it may be taken for granted that the massage is imperfectly or not sufficiently performed.

With regard to the electricity, care must, of course, be

taken that the patient is not tortured too much. Dr. Weir Mitchell devotes his sixth chapter to that agent and shows how it should be applied. Its object is the same as that of the massage. It is to stimulate muscle and cause waste of material; the whole body is to be gone over, and the process may be continued for forty minutes at a time and that twice a day. "Is it not possible," he says, "that the current even of an induction battery has the power so to stimulate the tissues as to cause an increase in the ordinary rate of disintegrative change?" At the same time, he says, that if his method admits of trial without one of the agents above described, electricity is the one which may be left out with the least chance of failure of success.

That the feeding may be overdone is probable enough; and so may every item of the treatment. But a skilled doctor and a skilled nurse will see at once when it has been carried too far. The treatment, however, is to go on in the same way except in the one matter of food. That is to be reduced to milk and milk alone, till all the dyspeptic symptoms have disappeared, symptoms which are the proof either that food is taken in too large quantity or that the massage which should secure the necessary waste is imperfectly done. But, in either case the milk-diet must be had recourse to for a day or two. It is remarkable the rapidity with which symptoms of indigestion disappear under the influence of milk-diet persevered with for a longer or shorter time.

Enough has been said of this method of treatment to recommend it, if not as an infallible cure for a certain class of cases, at all events for trial as one which is full of promise. It will doubtless have the experience of being both praised overmuch and condemned overmuch, and without reason in both cases. To this time we have full details of the successes which have resulted from the treatment and no details of the cases which have resulted in failure. We naturally, therefore, conclude that success is the rule and failure the exception. Those who so conclude will probably overrate the method. Others will meet with failures, and come to the conclusion that, like so many

other remedies in disease and methods of treatment, it will have its day and fashion and then sink into deserved oblivion. Many of such will probably have failed to carry out to the full the requirements insisted upon by Dr. Weir Mitchell, and yet they will most unreasonably condemn the plan as futile because their patients have not been cured. But all new things have to encounter opposition, both reasonable and unreasonable.

But what is good in this treatment will stand, and its effects will be manifest in a wider field than that embraced by cases of neurasthenia and hysteria. It appears to us that expectant medicine will receive a strong stimulus from this treatment. Recoveries most unexpected and marvellous are effected without the use of drugs. Faith in drugs, already greatly shaken, will be still farther weakened; and it is to be reasonably expected that twenty years hence a prescription containing a number of drugs will be as much a matter of wonder as venesection and cupping are now. When that day comes it will be granted to the Weir Mitchell method that it contributed much to the great and beneficial change.

A stimulus will also, we believe, be given to the study of psychological medicine and dietetics. The influence upon a strong will of a stronger will is very strikingly seen in some of the cases, the history of which is given in these works. It has always been known that patients, especially hysterical patients, are more successfully treated by medical men who obtain an influence over them, and in whom they have perfect faith, than by those who are the creatures of their whims and will. But these cases prove that unless the moral and mental state of the patients is studied with as much care as the physical, very little, if any, good is done them; and that every good is gained if the patient's will is subservient absolutely to the doctor's.

And as to dietetics, since the time of Greek medicine never was a period when so much was said and written about diet, its importance in some diseases, and its curative influence in others. Nevertheless, it appears to us that diet in the treatment of diseases is not yet granted

its proper place. It is certainly recognised that in certain gastric and intestinal affections, unless some attention is given to the quality and the quantity of food, there is little prospect of cure to the patient. But it is scarcely, if at all, recognised that in a very large number of disorders, diet is of itself sufficient to effect a cure. Traditional and hereditary medicine says that disease cannot be cured without drugs, and traditional and hereditary medicine does not intend to die yet. And, till it does die, drugs will hold the first, almost an exclusive, place in therapeutics. It is not the old school alone that is wedded to faith in drugs. The new school, *our* school, attaches, we believe, infinitely too much importance to drugs in the treatment of disease. It is our hope that experience such as Dr. Weir Mitchell gives will convince us that other agents are to be credited for a curative power little if at all inferior to that of medicinal substances.

OUR FOREIGN CONTEMPORARIES.

AMERICA.—We continue * our survey of the periodical literature of homœopathy in America from January, 1882, to June, 1883.

New York Medical Times.—Our set of this journal wants only the No. for October, 1882; but it has not reached us since July, 1883,—we hope through no loss of life on its part.

January, 1882.—The following is an addition to our pathogenetic wealth.

A Case of Poisoning by Nux Moschata. By A. P. WILLIAMSON, M.D., Chief of Staff, Homœopathic Hospital, W. I.

July 20th, 1881, I was to see Mrs. S—, whom I found suffering from the effects of a dose of nutmeg, which she had taken for the relief of a severe colic accompanied by diarrhœa. She had often taken a similar dose without ill effects. Her usual method had been to grate up a small, thoroughly dried, nutmeg, adding a little sugar and some brandy. Upon this occasion she had no brandy and used water instead. The nutmeg was larger than usual and not so dry. She took half the mixture at 10 o'clock a.m., and the other half fifteen minutes later. The quantity of nutmeg taken was equal to a large teaspoonful.

In about ten minutes after taking the second dose her "head commenced to feel queer;" this was followed by great dizziness. In a few minutes a sense of swelling ensued, until her "head felt as large as all out doors." At this time she became utterly unable to reply to any questions, although her eyes were open and she apparently understood everything transpiring around her. Her pupils were markedly dilated; eyes staring into vacancy; face ashy pale; respirations laboured and shallow. When spoken to loudly she could be awakened from this semi-conscious state, and would

* See vol. xli, pp. 379—396.

endeavour to reply, but would immediately lapse into her former semi-comatose condition.

At first her pulse was small and rapid, but during this unconscious period it became irregular, fuller, and exceedingly weak. Mustard and warm water were given and a free emesis obtained. A few drops of the *Spirits of Camphor* were administered as an antidote, under which she regained consciousness. Afterwards *Dig.* 1 was prescribed on account of the weak pulse. At 3 o'clock p.m. she had so far recovered from the poisoning as to give a clear account of her sensations. When consciousness first returned she kept her hands to her head. This, she said, was to prevent her head from dropping off; was also obliged to use her hands to move the head, *it being too large and heavy for her body.* The explanation she gave of the superficial breathing was, that *her chest felt as if it were in a vice* which allowed it to expand only to a very limited extent. A strange mental condition remained some days; this was *an inability to use words properly.* Frequently she would be obliged to stop in the middle of a sentence and change it entirely, because she could not think of the appropriate words which she wished to use. The patient was also very irritable and nervous.

No new symptoms appeared after those primarily developed.

There was no subsequent difficulty with the digestive tract or with the function of menstruation.

February.—Dr. E. Carleton relates an interesting case of amputation of both feet for acute gangrene, performed at the Ward's Island Homœopathic Hospital. He concludes:

"The superiority of *Calendula* dressings over Listerism was abundantly demonstrated. Here was a patient in a full hospital, in the most septic month of the year, her own limbs putrid, septic influences around her, undergoing amputation of both legs without any *Carbolic acid* spray, and no *Carbolic acid* used in the dressings afterwards. She escaped carbolism, and the flaps healed quickly and uninterruptedly under *Calendula.*" Dr. F. S. Whitman reports a cure of recurrent catamenial mania, and one of persistent mania alternating with moroseness, by *Hyoscyamine,* the 2x trituration being used. From an editorial article, we learn that a leading aurist in New York, Dr.

Sexton, has been suggesting to his colleagues "the treatment of diseases of the middle ear and contiguous parts by milder measures than those commonly in vogue." Foremost among these milder measures he places the internal use of *Sulphuretted Lime*, and the source of his inspiration is pretty obvious when he writes: "When smaller doses are indicated the triturations of '*Hepar Sulphuris*' of the homœopaths are satisfactory." The report of the Middletown Asylum for 1881 is very good, the recoveries in 340 cases under treatment being 61.

March.—Dr. W. J. Martin reports an epidemic of smallpox, in which his results from the ordinary remedies were practically *nil*. On changing, however, to *Variolinum*, 6th trit., he had thirteen cases (ten confluent and three semi-confluent) with only one death, having previously lost twenty-one out of forty-six. The disease seemed aborted by it, so that no secondary fever occurred.

April.—Dr. Gorham reports a case of presumed acute yellow atrophy of the liver recovering under *Phosphorus*:

"With patient rapidly sinking, with pulse at 126, respiration 30, and temperature 104°, I gave *Phosphorus*, 2x dilution of the alcoholic tincture, 15 drops in half a goblet of water, teaspoonful every hour. The next morning the soreness and pain in the liver were less; and there was slight improvement in pulse and respiration. Steady improvement continued, much to the surprise of all, for two days, when, wishing to be sure of the action of *Phosphorus*, I discontinued it and gave *Pod.* and *Bry.* The pain and vomiting returned, and in twelve hours my patient was in every way worse, as shown by the increasing frequency of pulse, rising temperature, &c. *Phosphorus* was again resorted to, and under its continued influence in dilutions from the 2nd to the 3rd, she made a complete recovery in four weeks." Dr. M. M. Eaton, from his own experience, recommends *Glonoin* 3x as preventive and curative of seasickness.

September.—Dr. Piffard, an old-school practitioner of New York, has been adopting our *Viola tricolor* in the treatment of the eczema of children—crusta lactea, &c.

He finds full doses aggravate, while a few drops of the fluid extract at a time do nothing but good. Dr. Boardman relates a case of puerperal convulsions in which *Pulsatilla,* indicated by the mental symptoms and craving for the open air, proved curative. He finds *Gelsemium* invaluable where persons are dreading ordeals through which they have to pass—a woman her confinement, a student his examination. By some curious accident, one of the speakers in the discussion following his paper is made to utter a portion of Dr. Hayward's remarks on the dosage of *Crotalus* reported in the *Annals* of the British Homœopathic Society—remarks which are quite irrelevant here. The October number not having reached us, we cannot tell whether this blunder has been corrected.

April, 1883.—The following is worth extraction:

A Curious Effect Claimed for Monobromate of Camphor.

The archives of the late Dr. George M. Beard are responsible for the details of a case which is, to say the least, curious, and which should be further tested and studied in the light of extended experiment.

In a young man, apparently in fair health, and not troubled in the least with indigestion, in the ordinary sense of the term, the contact of a cold and clammy hand with his own, or the sight of a person afflicted with physical deformity, was sufficient instantaneously to produce the most violent paroxysm of gastric catarrh, accompanied by such severe and exhausting throes of convulsive action, that the danger of death from suffocation was by no means an insignificant element. On several occasions the patient actually fainted from exhaustion before relief could be obtained; and, the whole gamut of ordinary tonics and sedatives having been tried in vain, a medical expert was finally consulted with a view to allay an irritability as inconvenient to a man who wished to enter upon a medical career, as it was peculiar and inexplicable. Among the curious features of the case was the fact that the patient could endure the actual presence of odours of the most offensive kind; and yet so strong was mental association that the mention of such an odour often resulted in a violent attack. He could bear the effluvia and sights of the dissecting-room for hours together without inconvenience;

while the glimpse of an insane or idiotic face would induce an instantaneous paroxysm of such intensity and violence that medical assistance had to be summoned.

Monobromate of Camphor was administered in three-grain doses every three or four hours with excellent effect upon the gastric irritability, but was followed by most curious mental phenomena.

The patient thus states his own case:

"I took the *Monobromate of Camphor* as prescribed for a week or more with decided alleviation of the gastric trouble, and had begun to congratulate myself that I could endure the presence of a cuspidor without disagreeable symptoms or disturbance of my internal peace, when a novel and very peculiar train of effects supervened, and the drug began to have a tangible and decided influence. From thirty minutes to an hour after taking the dose a strange doziness stole over me. I did not drop to sleep in the proper and natural acceptation of the word, but rather fell into a species of trance of five or ten minutes' duration, my eyes remaining open and my senses as acute as ever—perhaps a trifle more so. The next step was an unexpected and curious one.

"One afternoon, about 3 o'clock, I took the Sixth Avenue elevated train, intending to alight at Twenty-Third Street. I entered the car at Park Place, and had been seated two or three minutes when one of my monobromate trances supervened. The buzz of conversation about me was perfectly audible, and I was conscious of all that was passing. I came to myself with a start at Bleecker Street station. My first impression was that I had boarded the wrong train; I was completely 'turned round,' and could not disabuse myself of the idea that the train was going south instead of north. I studied the landmarks and the numbers of the streets one after another from the car window, and soon satisfied my mind that I was travelling in the right direction. But the false sensory impression still continued. I had not altered my position during my doze, nor had the direction in which the train was moving been shifted in such a manner as to account for the strange delusion of the senses. I got out of the car at Twenty-Third Street, as I was in the habit of doing, and started to walk home—I had apartments in Twenty-Eighth Street—but familiar as every landmark was, the false sensation was not corrected by my descent to the street. I walked up Sixth Avenue under the impression that I was walking down, and turned to the east when I arrived at the corner of Twenty-

Eighth Street, under the impression that I was turning to the west. The false sensation—there is no other accurate name for it—persisted until I entered my room, when, with a sudden transition, it disappeared, and I was correct again as to the points of the compass. From the date of this experience, the phenomenon was one frequently repeated, and at first I was rather amused and studied its features with something akin to curiosity. On the Third Avenue elevated railroad, and on the Third, Fourth, and Sixth Avenue surface cars the condition was equally sure to supervene, provided that I had taken my dose of *Monobromate* a few minutes previous to setting out, and so common did it become in the course of four or five days that I acquired the partial habit of moving about by reference to landmarks, instead of doing so in the semi-automatic way usual with people who are familiar with the ground that they are traversing. One fact I soon ascertained beyond a question, and that was that the phenomenon was not due to any external cause, alteration in my position, or in the direction of the car while I was dozing, but to some internal and unique physiological effect of the medicine. In every instance the points of the compass were exactly reversed. North seemed to be south, and east seemed to be west, and there was no variation from this rule, no partial reversal of the cardinal points, during the four or five weeks that I was taking the medicine.

"I had been the victim of more than twenty such experiences—trances I may style them for want of a more accurate term—followed by a complete reversal of the points of the compass, which generally lasted for ten or fifteen minutes, and then suddenly cleared away. But as the *Monobromate* was answering admirably the purpose for which it was prescribed, I still continued to take it. One afternoon, as I was riding up Third Avenue, I fell into a doze as the car was passing Cooper Institute and did not recover my normal condition until the conductor called Twenty-Fourth Street. As usual I was turned round, and I walked home in that uncomfortable but now familiar state. To my astonishment—an astonishment that deepened into terror as the hours went by—the false impression was not dispelled, as it had always been previously, on entering my room, but remained through the evening, and was still present, like a strange nightmare, when I went to sleep. I passed a few hours in troubled slumber, vexed with ghastly dreams.

"My first impulse on getting out of bed in the morning was to

step to the window and ascertain whether I was still 'turned round.' The sun was just struggling into view above the cornices of the buildings, and, to my terror, it seemed to be rising in the west. The impression persisted during the whole day, although I at once discontinued the *Monobromate*, and I retired to bed that night wearied, bewildered, mentally tired with the constant vigilance I had been obliged to exert in order to prevent mistakes in walking about the city in pursuit of my usual vocation. Innumerable large black flies seemed to be flitting and coursing in swarms to and fro across the field of vision; lances of pain shot from temple to temple, and, at the base of the brain, a dull benumbing sense of pressure extended upward in the direction of the coronal region. I fell into an uneasy drowse about midnight, and slumbered for several hours without obtaining any real rest or repose. For a second, a third, and a fourth day the sensation persisted. To describe what I suffered would be to tax language beyond its resources, the condition was one so whimsical in its nature, and yet so maddening in its effect on brain and nerve; so torturing in its eternal conflict between the senses and the understanding. No one who has not experienced the result of a protracted strain of the faculty of attention such as I was obliged to endure, can possibly comprehend how such a condition taxes one's physical forces. At the end of the fourth day I was prostrate in mind and body, and so enfeebled that I could scarcely walk. I saw no relief from the tension but death; thanked God fervently when I began to be a little dozy, and went to sleep earnestly hoping that I might wake up with my points of the compass properly adjusted, or never wake at all. Fortunately my petition was granted; another day of such torture must have ended in insanity or brain fever. The next morning the sun rose in the east as usual, and I went about like one who had been released from a troubled dream; but it was many days before my nerves fully recovered from the shock they had sustained, and even now I shiver at the recollection of my suffering."

Dr. Beard's explanation of the case was, "that by some abnormal action of the drug, some interference, most likely with the cerebral circulation, the initiative was transferred from the left hemisphere of the brain to the right. It is a familiar fact that, under normal conditions, all our muscular impulses originate in the left hemisphere of the brain and are transferred to the right. The left lobe

of the brain leads, the right follows, and thus the activities of a mass that actually consists of two brains which are functionally independent of each other, are co-ordinated and work together in harmony. If both hemispheres acted simultaneously and independently, the result would be double thought, double life, disorder, and contradiction. Each hemisphere being, then, so far as nervous centres are concerned, both motor and sensory, a perfect brain, one must be subordinated to the other in function, or confusion would result; and it is probable in point of fact that many strange psychological phenomena actually arise from temporarily interrupted or defective co-ordination; as when, for example, a man has the momentary consciousness of double being or of living a double life, a phenomenon due, no doubt, to the momentarily independent action of the two masses. In the case of the young man, it is probable that the co-ordination of the two hemispheres was disturbed, and that the right for the time being assumed the initiative that had so long appertained to its fellow.

"The result was a complete reversal of the established associations of the sensory and intellectual life. As the effect of the sedative wore off and the normal circulation was re-established, the left hemisphere resumed its former hegemony, and the natural order of things was restored.

"It is possible, again, that the trouble was confined to the optic nerve and its lobes, and did not extend to the whole cerebral mass. A little anatomical study will readily explain how this might occur, with the exact result described by the patient. But this is certain, in any event, that the old explanation of being 'turned round' did not hold good in the case under consideration, and that a deeper and more occult cause must be assigned for it."

In the light of the law of *similia*, this proving must make an important addition to our armamentarium in the treatment of nervous affections.

American Observer.—We have a complete set of this journal for 1882, but the numbers for January, February, and March, 1883, have not reached us, and since July in that year its supply has altogether failed.

January, 1882.—Dr. S. A. Jones says that his experience in intermittents goes to make him prefer *Quinine* to any supposed "simillimum" in recent cases, but in chronic

ones to feel proud of homœopathy. He cured a vomiting of green stuff, always induced by bright light, with *Stramonium*, led by the following analogy:—"I had seen that vomit once before when I was very fresh in practice. It was in the case of a litle girl with 'brain symptoms,' for whom I had prescribed in the afternoon. At night her father came to tell me that she was much worse: said he, 'Doctor, she vomits if she even raises her head from the pillow.' I picked up the English *Cypher Repertory*, Joslin's 'scorpion lash.' Ah! it has been as Moses' rod to me many a time, and in it I found *Stram.* The *Mat. Med. Pura* was turned over, and I went off with grateful heart to give *Stramonium.* In the morning the mother's smile was a benediction; but it belonged to them who made the *Cypher Repertory.* O honest worker! whosoever thou mayest be, perhaps the boon of honest work shall come to thee 'after many days,' but when all days are over *will come.* On that depend, take heart, work on!"

March.—Dr. Jones thinks that we were not justified in saying, *à propos* of a notice of a reprint of Phillips' *Materia Medica*, that "its history seems little known" in America. He refers us to a review of the original volume in the *New York Journal of Homœopathy.* But while this may prove its history to have been known to Dr. Jones, it goes no farther; and the notice which excited our comment points as strongly the other way. Dr. H. W. Taylor still asserts that Hahnemann's "decillion-fache Verdunnung" was the *tenth* centesimal dilution. Will not some one undeceive him?

April.—This number contains a paper on homœopathy read before an old-school medical society, and printed in the *New York Medical Record*, in which a very favourable view is taken both of our law and of our dosage. The author is a Dr. A. T. Speer. Dr. J. W. Dill reports a cure of eczema squamosum of scalp, of eight years' standing, with *Arsenicum* 2x. When the 30x was substituted, the patient relapsed. Dr. H. W. Taylor, in his desire to have Hahnemann on his side, actually proposes to expunge from the *Organon* the section (128) recommending the 30th

dilution for proving purposes, averring that Hahnemann could never have written it!

August.—Another old-school physician, Dr. Annushat, of Liegnitz, testifies to the value of *Mercurius cyanatus* in diphtheria. His results, however, are not so good as those of Dr. von Villers, recorded in our last number. Dr. Marsden (whose death we since have had to regret) quotes a very successful midwifery record given by Dr. Nichol, of Montreal, over 2000 cases having been attended in twenty-four and a half years with a mortality of only 1 in 700. He himself has had results nearly as favourable; and both have given *Macrotin* before, *Chloroform* during, and *Arnica* after labour to every patient.

St. Louis Clinical Review.—Of the eighteen numbers of this journal which the present series should comprise, two only are before us—those for February and December, 1882.

December.—Dr. Uhlemeyer never fails to cure with *Nux vomica* the left-sided inguinal hernia of children, when of less than a year's duration.

American Homœopath.—Of this journal, on the other hand, two numbers only of the series are missing—those for January and September, 1882.

August, 1882.—The following general summary of the results and experience gained in the New York State Homœopathic Asylum will be read with interest.

The Advantages of Homœopathy in the Treatment of the Insane.
By Seldon H. Talcott, M.D., Middletown, N.Y.

We propose in this paper to briefly portray, in as plain and practical a manner as possible, the advantages to be gained by homœopathic medication of those who suffer with mental aberration.

To begin with, we will illustrate by presenting a condensed synopsis of results already attained at the only homœopathic asylum under state patronage in this country,—we mean the one located at Middletown, N.Y. This institution was opened for the admission of patients in June, 1874. It is, therefore, in the eighth year of its existence and active usefulness. There have been treated at this asylum about 1100 patients; nearly 900 of these have been

discharged, and the remainder—somewhat over 200—are now under treatment. Of those discharged, over forty-five per cent. were fully restored to mental health. The death-rate at this asylum has varied from seven to four per cent. During the past four years the death-rate has averaged a little more than four and one half per cent.

Now, in considering the very favourable results, it is well to remember that the asylum is located but sixty-six miles from New York city, in one of the oldest and most populous sections of the United States. The material, therefore, which it necessarily receives is not the best or most favourable for the purpose of effecting recoveries. In more recently settled States, where the population is yet vigorous, and where inmates of asylums share, to a considerable extent, the general vigour of the masses, there are larger opportunities for successful treatment of the insane than in those commonwealths which are burdened with a certain amount of aged, effete, and decaying humanity.

Again, the managers of the Homœopathic Asylum at Middletown have often been requested (and these requests have been complied with) to admit to its wards for treatment, patients who have for years been inmates of other asylums. This has been done (to the evident detriment of the asylum's curative records) for the purpose of accommodating those anxious friends of the insane who were clutching eagerly at the last straw of uncertain hope. It is but justice, therefore, to the Homœopathic Asylum, while considering its already notable achievements, to state also some of the disadvantages against which it has worked. But in spite of the fact that numerous cases, hopeless from the very outset, have been admitted to its wards, the triumphs achieved by the Homœopathic Asylum at Middletown have been such as to warrant the establishment and equipment of a similar asylum for the insane in every State of the Union. Not only would the cures wrought in such asylums compensate for their erection, but the competition thus excited would stimulate the managers of other asylums to better work and more scrupulous care; and thus the general effects upon all institutions for the insane would be beneficial in the extreme.

But let us proceed to an enumeration of the particular advantages that may be derived from the homœopathic treatment of the insane.

First. We believe that this method of treatment is safer, as well

as more curative, than any other. Every physician knows the possible dangers which may arise from the administration of drugs in overpowering doses. This danger is peculiarly apt to occur in the treatment of the insane; and especially where the effort is made to subdue a disturbed patient by the use of large quantities of sleep-compelling medicines. To overcome the mental excitement of a case of acute mania by such means is a procedure that invites most unwelcome risks. Powerful medication may not only "quiet the patient," but it may likewise arrest or pervert the functions of the brain to an extent far exceeding the disastrous influences of the disease which the physician is endeavouring to combat; and thus the new pathological changes induced by the drug may prove greater obstacles to recovery than the original malady. From a careful study of their histories we are forced to the opinion that many patients have been hurried into dementia by the unwise use of subduing sedatives, who might, under milder medication, have been permanently and safely restored to physical and mental health.

Moreover, when a patient is placed under the benumbing influences of such remedies as hydrate of chloral, or the bromides, it is impossible after that to detect with accuracy the actual condition, progress, and severity of the disease which one is attempting to treat. The work of curing the sick in such cases has degenerated to a game of blind-man's-buff. The physician's eyes are bandaged, as it were, by his own hands, and, thus equipped for battle with disease, he blindly and vainly attempts to catch a cure. But too often, alas! for the patient, the Fates do not favour him.

Secondly. Patients who recover under homœopathic treatment are less liable to relapse than those who are supposed to recover under massive dosage. Nor do they suffer from the after-effects of extensive medication. We have no such camp followers or disabled veterans as "chloral drunkards," or "victims of the opium habit;" nor are our patients, once freed from the thraldom of disease, henceforth pursued by that Kakus band of brain-robbers—"the bromides."

Those who recover from their insanity by the use of homœopathic medicines regain their normal mental status gradually, but steadily and surely; and they leave the asylum with their systems unvitiated by huge potions of destructive poisons. Drug danger to the human system can hardly be overestimated. For evidence of

this fact witness the vast, weary army of those who will suffer to the end of life from mercury and opium, from chloral and bromide of potassium. These drugs are like fire and water, useful and obedient servants when carefully and economically applied, but most dangerous elements when turned loose *en masse* to wreak their destroying powers within the temples of helpless unfortunates.

Thirdly. Upon the score of economy, we may urge the establishment of homœopathic asylums and hospitals for the treatment of the insane and sick. During the year 1876, while the institution was under my charge, there were treated at the Homœopathic Hospital on Ward's Island, N. Y., 3077 cases, at an average yearly cost, for drugs and liquors, of fifty-three cents for each patient. At Charity Hospital on Blackwell's Island—an institution under old-school management—there were treated 8621 cases, at an average cost, for drugs and liquors, of $1.53 for each patient. The saving to the City of New York, in this instance, had homœopathic treatment of these patients been substituted for the "regular" methods, would have been $8621,—a sum large enough to purchase over one thousand barrels of flour.

The death-rate during that year at the Homœopathic Hospital was six and one tenth per cent. The mortality at Charity Hospital during the same year was eight and one eighth per cent. So it seems that in this instance, at least, the greater the amount of drugs used the larger the death-rate became.

Fourthly. We claim that under homœopathic treatment the beneficial effects of good diet, of employment, of amusement, and of all measures essential to speedy and sure restoration of the insane, are more favourably manifested than under a system of practice where the forces of nature are disturbed and overpowered by the use of unnecessary quantities of deleterious drugs. The stomach that is superfreighted with medicine cannot receive and digest with its customary readiness and power the food which is necessary to recuperate a body that is worn and enfeebled by disease. A brain stupefied with narcotics cannot perform even simple tasks or engage in light amusements with that zest, enjoyment, and benefit characteristic of a brain uninfluenced by such abhorrent forces.

Fifthly. The administration of the laws of kindness is most readily accomplished in an institution where benign medication prevails. The patient whose faculties are uncancelled by the

obliterating juice of the poppy, or unburdened by the effects of strange compounds from the pharmacy, is one who most readily appreciates the efforts made for his restoration by those around him. Though suffering from the cankering curse of disease, he is yet free from the more aggravating stupor of drugs; and in many instances he enjoys most heartily his freedom from obfuscating medicine, as well as his privileges in other directions.

Sixthly. In an asylum where homœopathic treatment prevails, the patients are but little inclined to delusions of poisoning; and if such delusions do arise in the minds of the insane, they are more quickly dispelled under mild than under heroic medication. To allay, by gentle measures, the fears of the insane that they are being killed or tortured by poison, is one of the happiest achievements of the earnest and philanthropic alienist.

Seventhly. Where mild medicines, in palatable and attractive form, are given the insane, there is usually no disgust excited in their minds; nor is hatred engendered in their hearts against their attendants. Hence little or no *force* is required in their administration. And to avoid a necessity for restraint, in the treatment of the insane, is to keep pace with the requirements of our times.

We have presented a few of the reasons why we believe homœopathic treatment for the insane to be the best that is known, and we trust that these reasons will receive the thoughtful consideration of those who read them.

December.—Dr. Oehme relates a case of great pain and soreness of coccyx from a fall (presumably periostitis), rapidly disappearing under *Mezereum* 2. With this number Dr. Blumenthal's editorship of the *Homœopath* comes to an end, and we regret to learn that we have now to lament his death. From March, 1883, the general editor has been Dr. G. W. Winterburn. In the April number this gentleman communicates the result of some provings of the *Asarum canadense*, which may throw light on the *Asarum europæum*. "Several years ago," he writes, "I attempted to prove the effect of this drug on some women students, but the daily records were not properly written up, and the following fragmentary statements are all I have. They, however, reveal the general character of the drug. They were noted while taking the tincture in doses varying from

a scruple to a half ounce per day, and were continued over a period of about two months. On taking the dose it caused burning and smarting in the mouth, this was followed by a cold sensation from the secretion of a quantity of tenacious mucus. Nausea with inclination to vomit followed, and vomiting of some fluid occurred in one case. Considerable flatus was produced in both stomach and bowels, and this was followed by loose, light-coloured stools. The bladder was much irritated, causing very frequent urging, although the character of the urine did not seem to be changed. The menses appeared in these cases several days sooner than expected, and were much too free, rather dark in colour, and painful (uterine colic). During the proving most of the persons were excessively nervous, with a dull, stupid feeling during the day, and restless sleep at night. After a few days they suffered much from chilliness, as if insufficiently clothed, but did not seem to have any fever nor any unusual thirst. There was muscular twitching in various parts of the body, as if cramps were setting in, but these did not occasion much inconvenience." He goes on to relate a case of recto-vaginal fistula, in which the general symptoms of the patient called for the drug, and which completely healed under its internal and local use. Chilliness was prominent in the case, and this is a marked feature in the provings of the European variety.

In the May number he speaks of excellent success with *Sanguinaria* in several acute and chronic affections of the stomach. He gives the 3x trituration.

June.—Dr. Burdick, of New York, has been introducing several new remedies of late, and he here gives us a case of a long-standing leucorrhœa in a child with the 6th and 15th triturations of the *Diamond,* promising hereafter to tell us more of the medicinal value of this substance. Dr. Graham relates a case of irritable prostate aggravated by *Thuja* 3x, but cured by the same medicine in the 6th.

Medical Counselor.—Of this journal, a weekly till June, 1881, and since then a fortnightly, we have received all the numbers save those for July 1st and October 1st, 1881, and

those for January 15th, February 1st and 15th, and March 15th, 1882.

January 4th, 1881.—Dr. Long reports a case of meningitis with continued delirium in a boy of seven. After failure of the usual remedies, *Atropine* 3x cleared up the condition, and prompt recovery ensued. He also reports good success with *Clematis* in enlarged testicle, *Populus* in dysuria from enlarged prostate, *Lobelia* (1st) in dyspnœa, and *Lycopus* in rapid irregular action of heart.

March 8th.—Dr. W. T. Laird confirms, from two cases, the action of *Viola odorata* in rheumatism of the right wrist. He gave the 30th.

March 22nd.—Dr. Park Lewis speaks highly of *Arsenicum iodatum* in syphilitic deafness. Dr. Lilienthal says he has never failed in irritable ulcer of anus with *Silicea* 200.

April 12th.—In an article on vaccination, Dr. Hoyt makes the astonishing statement that, on a circular being issued by Mr. Simon with a view of eliciting the highest medical opinion on the practice, of 539 physicians addressed 216 declared themselves adverse to it! We should be glad to have chapter and verse for this supposed fact, as it is quite unknown on our side of the Atlantic. In a continuation of his paper in the next week's number, he outdoes himself, and states that Jenner himself in his after life discarded the whole thing, admitting that vaccination is a farce!

April 19th.—Dr. Heath relates a case of acute œdematous laryngitis rapidly cured by *Apis* 3, and Dr. Leonard one of chronic lead poisoning recovering under *Platina* 200.

April 26th.—Dr. Gilchrist here writes:—"In days gone by the writer was among those who most strenuously demanded adherence to the tradition of homœopathy in two important particulars, viz. the attempt to cure all surgical conditions by remedies alone, and the avoidance of the use of preparations of *Opium* for anodyne effects. Years of honest effort have compelled him to qualify the first statement somewhat, and a distressing experience has lately necessitated the use of *Morphia* to relieve pain." Dr. Caldwell relates a case in which the "*Opium* habit" was gradually broken

off; and in the course of it, when the distressing secondary effects of the drug appeared, great relief was obtained from *Opium* 3 as a medicine. *Opium* 30 and *Coffea* 3 did less well.

May 10th.—Dr. W. T. Laird describes a form of inflammation of the hand not hitherto recognised, but of which he has seen sixteen cases. He thinks it a phlebitis, and finds *Hamamelis* internally and locally very effective in its treatment.

May 31st.—Dr. J. Preston reports a case of jaundice following on gall-stone, which, after continuing seven weeks under ordinary treatment, and leading to great emaciation, yielded immediately and went on to rapid recovery under *Ptelea trifoliata.*

June 7th.—Dr. C. E. Fisher finds *Chrysophanic acid,* internally and locally, very effective in ringworm. He gives the 3x trit., and applied a salve of ʒss to ʒj of vaseline. Dr. Arndt in this number, and Dr. Bedell in that for June 28th, communicate encouraging cases showing the curability of suitable cases of incipient phthisis with *Calcarea.*

July 15th.—From an account given here Professor Jager seems to have been experimenting with Fincke's potencies, and to have obtained positive results up to the 4000th, but negative ones with the 5000th upward. Between these points, therefore, he places the ultimate divisibility of matter. Dr. Skinner has shown Fincke's attenuations to be unesimal instead of centesimal, which would make his 4000th equal about Hahnemann's 600th.

September 1st.—Dr. Gilchrist says, justly, that *Nux vomica* or *Strychnia* should be the typical remedy for tetanus, but that he can find no record of its use. He may read eight cases in Stillé's *Materia Medica,* and a ninth in the second volume of the *Bulletin de la Société Med. Hom. de France.* Dr. Hanchett, in a dangerous case of opium poisoning, roused his patient effectually by stuffing pieces of ice into his rectum.

January 1st, 1883.—Dr. Bartholow seems to be reaching to the homœopathic law by the same path as that which

Fletcher, Reith, Ross, and others have trod. Medicines acting on a part, he argues, can only increase or diminish normal function; and those which in small doses increase, in large doses must diminish and ultimately destroy. The corollary is obviously *similia similibus curentur;* but, to save appearances, this is denounced as "ridiculous," "humbug," "mysticism," and so forth, while the practice is advocated.

April 15th.—Dr. Vilas mentions several cases of granular lids in which *Aurum*, 3x to 3, was of signal benefit.

Homœopathic Journal of Obstetrics.—Of this quarterly journal our present series lacks two numbers out of six, viz. those for August, 1882, and May, 1883. It is indispensable for all among us who have much to do with obstetrics or gynæcological practice, but yields little suitable for these gleanings. In the number for November, 1882, Dr. Conant relates a case in which *Tansy*, taken for abortion, caused convulsions, and suggests it for those of the puerperium. Among the abstracts here is the paper by Dr. Boardman, which we noted in the *New York Medical Times* for September, 1882; and in the discussion following it the interpolated passage from Dr. Hayward's essay is given in full, with apparently no sense of its incongruity.

(To be continued.)

CLINICAL RECORD.

A Case of Pelvic Cellulitis. By A. H. Buck, L.R.C.P., M.R.C.S.

September 31st, 1882.—Mrs. E—, multipara, at 1.30 a.m. was delivered of a fine male child. The presentation and labour was in all respects natural. After the birth of the child I found the placenta was adherent, I was, however, able to detach it without any difficulty. The uterus contracted well with little hæmorrhage. The pulse came down to about 90, of a full character. She complained, however, as in a previous labour, of pain in her back; this was partially relieved by pressure and hot applications. I saw her twice that day and she was in every way satisfactory.

October 1st.—She had had a rather restless night; temp. 101° twenty-four hours after delivery. From past experience of my patient I felt sure that this indicated some future trouble. The pulse was steady and only 90, pain and tenderness upon pressure on the right ovary, abdomen slightly distended but quite soft. Ordered warm water injections. Lochia healthy and free. Evening.—Temp. 102·6°, pulse 100. Symptoms much the same. To take *Aconite* and *Bell.*

3rd.—Temp. 101·6°, pulse 100. Abdomen distended, tenderness increased in right iliac fossa. Headache, thirst, tongue coated white. To inject *Sanitas* as the lochia was rather offensive.

4th.—Pelvic symptoms the same, lochia free but pale. Temp. 101°, pulse 100. To continue douche with *Eucalyptus oil* ʒj ad Oj. The bowels had to be moved by warm water enemata. An attempt was made to nurse the baby, but it was given up as she had but little milk, and as in a previous labour she had an attack of milk fever, followed by puerperal mania (*B. J. H.*, July, 1881, vol. xxxix*), I

* At line 14 from top please to substitute one grain for six grain doses.—J. E., obliged by Dr. Back.

deemed it advisable to get rid of the milk as quickly as possible by applying *Belladonna* plasters.

5th.—Temp. 101°. Abdomen more swollen and symptoms of peritonitis, great tenderness upon pressure. Ordered hot fomentations. To take milk and beef tea.

6th.—Temp. 102·8°, pulse 120. Had a very restless night, much pain, legs drawn up; vomited food twice; pains in the head. Tenderness on abdomen increased, aching in the limbs, pain and difficulty in passing water, tenesmus. Upon making a vaginal examination, it was found hot, pressure of the finger causing pain; the uterus was fixed and the surrounding parts swollen; vaginal injections continued. To take ice milk, limewater, and beef tea. *Cimcif.* during the day, *Acon.* at night. These symptoms remained much the same for several days; vomiting ceased, and the pain in the back, which she had complained of more or less since her delivery, was much relieved. The hot applications reduced the abdominal tenderness and swelling. Temp. remained 101° to 103°.

13th.—Temp. 103°, pulse 130. She had developed phlebitis in the right calf; the ankle was swollen and tender, the veins painful and tense. The bladder had to be relieved by catheter night and morning Applied hot fomentations to the leg. To take *Belladonna.*

14th.—The swelling of the veins had extended to the thigh; the whole limb was now swollen, the internal saphenus vein was prominent. She complained of nausea, was unable to move in bed or help herself in any way. The tongue fairly clean, pulse rapid and weak, temp. 101°. All lochia and signs of milk had disappeared. Nights restless.

15th.—Not so well. Abdomen swollen and quite tympanitic, breathing short, mucous râles at base of left lung. Pulse weak, 130. Sleepless and inclined to wander. Temp: morning 102°, evening 102·4°.

16th (11 a.m.).—Temp. 99°, pulse 140. Dr. Carfrae consulted, he advised the swollen vein to be smeared with *Ext. Bell.* and *Glycerine.* Continue fomentations, apply pack to abdomen and douche the vagina. *China, Bell.*

19th.—Rigors and coldness down the back. Evening: tongue dry, raspy, pulse 130, breathing short and rapid; abdomen still distended, any pressure in the ovarian region gave pain. Stopped all cold nourishment, and gave hot brandy and water.

20th (8 a.m.).—She had passed a very bad night. Temp. 103·2°,

pulse 140; tongue dry, abdomen very much distended, retching continued. 1.30 p.m.—Temp. 102·4°. 4.30.—Dr. Carfrae and Mr. Engall in consultation with me. After some discussion it was decided to give *Quinæ sulp.*, one grain every three hours, Valentine's extract of meat, Brand's meat jelly. Both legs were now swollen, rendering movement impossible. Bladder and bowel troubles still continued. On the recurrence of the rigors continued former treatment; she had two attacks during the afternoon. 9.30 p.m.—Temp. 102°, pulse 140.

21st.—No improvement. Mr. Engall attended the patient with me from the 20th.

22nd.—Still very ill, no sleep, excitable and wandering all night. Temp. 103·8°, pulse 200, resp. 40. Cold clammy perspirations, extremities cold. *Quina* during day, *Bell.* at night. 11 p.m. —Delirium, intense thirst, temp. 104·2°, pulse 140. Nourishment and brandy given at frequent intervals. No return of rigors. Symptoms remained much the same until the 24th, when a small gland swelled behind the ramus of the left lower jaw. Dr. Carfrae suggested that a small clot had lodged in a vein supplying the gland impeding the circulation and thus causing the swelling.

31st.—Rigors again set in, without any apparent cause, she had five attacks during the day lasting each about thirty minutes. Much prostration. Hot bottle to her feet, hands rubbed, and stimulants given. No signs of suppuration in the gland. Great pain upon pressure in the abdominal and pelvic region. These rigors indicated the formation of pus *somewhere*. The œdema of the legs was less, also the distension, therefore the exact cause of the rigors was not apparent. The bowels, which had previously only been artificially moved were now opened three times, violently and almost involuntarily, preceded by pain.

November 1st.—Bowels moved twice. To take *Rhus* and *Arsen.* Temp. lowered to 100°, the pulse remained feeble and rapid, 140, resp. 50.

2nd.—Diarrhœa less, no rigors, and she does not feel cold. Pulse 120, resp. 60, temp. 100·2°.

3rd.—Bowels moved ten times during the night. To take *Camphor* instead of *Rhus* and *Arsen.* The *Camphor* relieved the diarrhœa and she seemed better. Since the bowels had been so freely opened the head symptoms were much better. The tongue became moist, but was large in size and split in various parts. The abdo-

men was softer, and she was less troubled with flatus. The legs were still swollen and œdematous. To take *Hepar sulp.* Our attention was now called to the state of her back and nates by the nurse. Two large gangrenous sloughs appeared on each side of the sacrum, one three or four inches in circumference and half an inch deep, on the right nates. These wounds or abscesses had evidently been forming for some time, and the amount of pus and discharge which came away would, I think, explain the cause of the repeated attacks of rigors. Poulticing with charcoal and bread separated the sloughs, and in a few days the larger wound was freely discharging healthy matter. So deep was the wound that the periosteum covering a portion of the bone to the extent of a quarter of an inch was exposed. The wound was syringed twice a day with *Carbol. acid* lotion (1·40), and dressed with lint. Healthy granulations in time formed, the cavity gradually filled up and healed, leaving a large cicatrix. The wound on the other side was treated likewise, but being more superficial caused less trouble.

5th.—Diarrhœa returned violently. To take *China.*

6th.—Diarrhœa worse, ten times during the night. To take *Camphor* after every motion and *Veratrum* every two hours.

7th.—Diarrhœa better, but less power over the sphincter, the motions would run away while her wounds were being dressed. The temperature now is under 100° day and night, pulse very weak and rapid, 120 to 140. Much prostration and debility. The temperature continued normal after the 6th. She is still quite incapacitated. The diarrhœa was still troublesome, the abdomen was much less distended, but the legs were still considerably swollen and pitting upon pressure. The gangrenous appearance of the wounds, the sallowness of the skin, the pulse, temperature, and general history of the case denoting a septicæmic condition, decided us to give her *Lachesis* alone. She commenced it on November 7th; it speedily had a beneficial effect. The tongue became moist, the constant thirst abated, the diarrhœa stopped on the second day, and she gained more power over the sphincter, and by November 11th there was decided improvement. Upon examining the urine (which I had often done during the illness) for the first time, November 11th, I found contained albumen to the extent of a fourth of the tube. By the 29th the legs had become almost normal in size. The albumen gradually decreased in quantity. The wounds in the back prevented her from moving herself, thus retarding her conva-

lescence, and it was not until the 1st of January of this year, 1883, that she was carried downstairs. The wounds healed slowly.

In March she went to Brighton. She was unable for some time to walk without support, or to place her heels on the ground, owing to the legs having been for so long contracted.

October, 1883.—With the exception of an attack of neuralgia in the face and head, which was cured by the removal of some decayed stumps, she has had fairly good health. The water when examined last was found free from albumen. The catamenia are regular but profuse. She is able to walk well, but upon any extra amount of fatigue the feet swell but are not œdematous.

Erysipelas after Vaccination with Calf Lymph cured with Crotalus.
By JOHN W. HAYWARD, M.D.

M. T—, aged 4 months, vaccinated November 14th, 1883, with calf lymph, freshly procured from London for the purpose. All three insertions took effect severely, and on the morning of the eighth day had extended so as to touch each other; their centres were blackish and their circles filled with dark lymph; and they were surrounded by a patch of inflammation in the form of a well-defined square, one inch and a half in diameter, with a few small, red, raised papules on the arm. The child had been restless and feverish. *Crot.* 6 every two hours, and a hot bread poultice to the vaccination spot. The child had a very restless and feverish day and night, and the next morning, that is, of the ninth day, I found the skin of nearly the whole upper extremity inflamed, intensely red, and somewhat thickened, as evidenced by the sharply-defined edges of the few remaining patches of healthy skin. The skin of the neck, chest, abdomen, and back was in a similar condition; but on the lower extremities the eruption was in small patches, leaving more healthy skin than eruption. There were considerable fever and restlessness. Continue *Crot.* 6. The child was restless and feverish during the day and night, though less so than the previous day and night; and next morning, that is, of the tenth day, all the symptoms were moderated and the eruption was becoming pale,

except about the elbow where it was nearly black. On the eleventh day all the symptoms had disappeared, and the child was apparently quite well; there was no eruption or redness of the skin; the vaccination marks looked healthy, but had not burst. The scales had separated on the fourteenth day, leaving healthy granular surfaces.

Disease of the Spleen. By Dr. A. H. Buck.

J. C—, æt. 57, thin and rather sallow; drill sergeant. He had served through the Mutiny and in various parts of India for about fourteen years, during which time he had several attacks of ague and fever.

In June, 1882, he came to me complaining of pain in his ribs in the left hypochondriac region. He had fallen over a tent-peg when in camp the previous month. He was examined at the time by the surgeon, but no injury of the ribs could be discovered. His lungs and heart I found to be normal, and to all appearance there was not much the matter with him. I applied a *Belladonna* plaster over the painful part and heard nothing more of him until June, 1883, when he complained of becoming much weaker, and he had lost flesh. His voice was husky and weak; he was still suffering from pain in the side, which had extended towards the epigastrium; deep pressure produced no distress or increase of pain, but it was greater after eating. The pulse was good, bowels regular, and tongue clean.

The principal symptom was inability to swallow solid food; he said that after it had passed a few inches down (about as far as the larynx) it came back again; he could swallow fluids more freely. I ordered a compress of *Hydrastis* ʒj ad ℥j for the side. He took *Argent. nit.*, *Nux vom.*, *Bismuth*, and *Acid hydrocyan.* The last medicine relieved the difficulty in swallowing but only temporarily. He afterwards went to University College Hospital; they passed a bougie down the œsophagus without any difficulty, and gave him *Cod-liver oil* emulsion.

I saw him again on September 12th. He was confined to his bed and quite unable to swallow anything but liquids. The bowels

were very confined, motions like marbles. He was much wasted, pulse feeble and rapid, and complained of pain in the old region of a dull heavy aching, and sometimes burning, character. Took *Arsen.* He remained much the same till October 6th, when he vomited a quantity of grumous fluid, evidently blood mixed with mucus. He had gradually taken less nourishment and wandered during the night. The extremities were cold, and he was evidently sinking from exhaustion and inanition. He died about twenty-four hours after vomiting the fluid described.

Post-mortem (thirty-six hours after death).—The liver was found slightly enlarged but healthy, the stomach was empty excepting a small quantity of fluid similar to that vomited. Upon separating the omentum connecting the stomach and spleen, the cavity contained a little of the same fluid as found in the stomach. The spleen itself was paler than usual, and its posterior portion, to the extent of at least one inch, was degenerated and in a state of pulp. The external or serous coat was separated around the diseased portion of the organ.

This case shows how much mischief may go on in the spleen itself without producing any very marked symptoms; he never suffered *acute* pain, and with the exception of the emaciation and progressive weakness, there was nothing to indicate the seat of the disease. The loss of voice and inability to swallow solid food would be reflex, as the principal nerve supplying the spleen is the *right pneumogastric.*

As cases of splenic disease in this country are somewhat rare, I think this one may be of interest.

GLEANINGS, THERAPEUTIC AND PATHOGENETIC.

Antagonistic Action of Drugs.

A MORE complex problem appears when we come to consider the simultaneous action of two or more of the above salts. The results obtained are very interesting, and have considerable importance physiologically. Thus we have seen that *Barium* and *Calcium* both exert an influence in the same direction, but that the *Barium* molecule is the more active. If, however, we bring both molecules into action simultaneously, we note that the resultant effect, instead of being greater than either component, is intermediate in its position, being greater than the *Calcium* but less than the *Barium* effect. Instead of a summation we have to record an interference. The action of the one molecule clashes more or less with that of the other molecule. The importance of this subject in relation to practical medicine is very clear, for on the question of the combination of medicines we shall have to remember that the joint action of two drugs, functionally similar, is not necessarily greater than that of either separately. We shall have of course to remember that our very hard lines of classification into purgatives, astringents, &c., include agents most dissimilar in action, and shall not conclude that because practically a combination of *Aloes* and *Colocynth*, or of *Cassia* pulp and *Manna*, is found more effective than either agent separately, that, therefore, interference (antagonism) cannot obtain between drugs having similar qualities. The doctrine of antagonism is a most important one, but, as a rule, we are accustomed to consider this as relating to agencies opposed in this quality of action. The above experiments, however, prove that it may apply also to the action of similars.

* *An Investigation regarding the Action of Strontium and Barium Salts compared with the Action of Lime on the Ventricle of the Frog's Heart.* By Drs. Ringer and Sainsbury.

Antagonism.

Drs. Lauder Brunton and Theodore Cash have been experimenting (*Nature*, September 27th) on frogs with various poisons in order to elucidate the connection between chemical constitution physiological action, and antagonism. As no mention is made of *which* frog was used in these experiments (the yellow or the green), nor whether the same effect had been produced on the *other* frog, these researches cannot be regarded as of much importance. One point, however, is worthy of notice—chiefly on account of the surprise it occasioned in the minds of the "researchers." They say: "One of the most curious points is that two substances having a similar action may, instead of increasing, neutralise each other's effect." And yet, to the scientific mind, this does not suggest that there may be some truth in homœopathy! It would form an interesting problem to find how much proof positive it would require to convince the editor of an allopathic journal or a professor of pharmacology of the truth of the law of similars. We think it would be advisable to have this problem solved before undertaking the task.

Lathyrism.

The *Art Médical* of August last gives an interesting account taken from a paper read by Dr. Proust at the Académie de Médecine of Paris, of the effects produced by eating the seeds of the *Lathyrus cicera*. In certain parts of Algeria, where the wheat harvest is insufficient, the poorer inhabitants are accustomed to make their bread with a considerable proportion of the seeds of this plant, as much as three parts of lathyrus flour to one of wheat and barley. The natives are perfectly aware of the danger of this admixture as they call the disease when it appears by the Arabic name of the plant—*jilben*. The symptoms caused by it are the following:

These are at first lumbago, incontinence of urine, complete loss of sexual power, pains in the inferior extremities, sometimes also in the superior extremities, and at the same time occasionally a little trembling. The invasion of the disease is sudden, often coming on after a cold, damp night. The lower limbs are affected with anæsthesia and paresis or paralysis of the motor nerves. After the lapse of some days, sometimes a month, the patients can rise up and they show a characteristic gait; the heel in the air, the foot in extension and

abduction, with contraction of the muscles of the lower extremity, exaggeration of the tendinous reflexes and of the knee and foot phenomena. At this period few of the patients show any disturbance of the sensibility, and there are no longer any affections of the bladder and genitals. Some of the patients recover completely without any treatment, or after the use of *Ergot*, *Bromide of Potassium*, or the application of the actual cautery to the spine. The gait is the most characteristic symptom. It is thus described: the foot is with difficulty lifted from the ground, and in his effort to raise it completely and carry it forward, the trunk is straightened and thrown backwards to counterbalance the weight of the lower extremity, which is agitated by an involuntary trembling before being replaced on the ground. All the patients require a stick to aid them in walking. There is stiffness in the lower extremities. They walk upon the tip of the foot, their toes are bent and the nails worn. The trembling and muscular insubordination are sometimes excessive. No post-mortem examination has hitherto been made, but the symptoms resemble those of a transverse myelitis or of hæmorrhage of the cord that would terminate in a secondary degenerescence of the lateral columns. The disease has always an epidemic character and corresponds to the years of bad harvest like 1881 and 1882. Cold and damp seem only to have been occasional causes.

The paralysing power of *Lathyrus* has been noticed by several authors. By Duvernay in 1770, poisoning of a whole family; by Dowe, who observed the rigidity of the limbs; by Delanoux in the last century; by Desparanches in 1829; by Ramazzini in 1691; by Targioni-Tazetti in 1784-5; by Pellicotti in 1847; by Irving in India; by Cantani, who gave the disease the name of lathyrism; by Brunelli in 1830; by Giorgeri in 1882, and by Bourlier, of Algiers, who observed the loss of a herd of swine after eating this seed—death ensued in a few hours. Other authors have recorded paralytic affections in animals after eating the seed.

M. Bouley, the microbomaniac, proposes to employ the *Lathyrus* in hydrophobia, not on account of the resemblance of the symptoms caused by the plant to some of those observed in certain stages of the disease, nor on account of any fancied correspondence of the pathological states common to both, but in the belief that the active principle of the *Lathyrus* may be a poison to the microbe of hydrophobia.

M. le Roy de Méricourt is struck by the analogy of lathyrism to the paralytic form of *beriberi*, though of course it is not the least like the dropsical form of that curious disease. He imagines that *beriberi* may be caused by some pathogenetic agent, as yet unknown, corresponding to the *Lathyrus*. There seems, however, to be no reason for the supposition. Probably the correspondence may be of use in directing us to the homœopathic remedy for the paralytic form of *beriberi*. In both there seems to be a myelitis, but there are differences leading us to infer that the pathological state in both is not identical, though probably sufficiently similar to constitute the *Lathyrus* a probable remedy for some forms of *beriberi*. Possibly its use as a remedy may be found not to be limited to a disease we have no opportunity of treating in this country, but to be available for some of the commoner affections of the spinal cord.

Poisoning by Bichromate of Potash.

R. D—, æt. 22, a workman in Carlyle's chrome works, admitted to Glasgow Royal Infirmary on December 10th, 1882. The patient, a muscular man, in a fit of jealousy, at 5 p.m. swallowed a lump of the salt in the solid form. He then returned to his lodging, fifteen minutes' walk from the works. As soon as he reached his home he noticed lightness in head, then feeling of great heat in stomach, a glow of heat all over body, followed by cold sweat. He then became sick and vomited freely. Then agonising pain in epigastrium, with giddiness, sparks before eyes, and loss of power of legs. Thirst intense. Then some rigors with coldness of whole body, especially of extremities. Arrived at hospital at 7 p.m. Pupils slightly dilated, face pale and cold, pulse feeble and fluttering. Complained of intense pain over region of stomach, and great depression. Some stupor but answered questions well. Sensibility to touch and pain well marked.

Got *Sulph. zinc* emetic and stomach washed out by stomach-pump. As pulse was failing 20 ♏ of *Sulph. æth.* were subcutaneously injected, with relief; warm blankets and mustard plaster on stomach. In the morning all symptoms had disappeared except soreness of mouth (Macniven, *Lancet*, September 22nd, 1883).

Three drachms taken dissolved in water. First symptoms appeared in half an hour. Excessive vomiting, purging, violent abdominal pains, cramps in legs, coldness of body, hands

shrivelled, wrinkled, or dusky, as in advanced stage of cholera; face and lips dusky, yellow conjunctiva, excessive thirst, feeble pulse, hurried respiration, suppression of urine, sore mouth, mental faculties unimpaired (McLachlan, *Glasgow Med. Journ.*, July, 1881).

Poisoning by Aconite.

A hysterical woman, æt. 40, had taken ʒiij of *Linim. Acon.* B. P. When seen, much prostrated; did not answer questions, but said she had taken the poison herself, and muttered short prayers. Frequent general convulsions rather violent. Face much congested, lips red, pupils much dilated, sclerotic injected, iris irregular in external outline. Pulse full, somewhat irregular. Respiration blowing, rather rapid. Slimy tenacious mucus expelled from lips with almost every expiration. No power of swallowing. The convulsions easily repressed by a wet towel over face and head, but this seemed to cause much depression. Entire loss of sensibility of skin. In a quarter of an hour surface of body became suddenly cold; respiration and pulse ceased, but she revived by a hot poultice to epigastrium The convulsions became less frequent and she was speechless for twenty minutes before death, which occurred one hour and three quarters after poison had been taken. Lips became dark blue after death. A slight tremor of lower lip was noticed after pulse and respiration ceased. (Seager, *Brit. Med. Journ.*, December 1st, 1883.

Abrus Precatorius—Jequirity.

Abrus precatorius, or Indian liquorice, or *Jequirity*, as the Brazilians have it, has again attracted some attention in the foreign and English contemporary journals. An infusion is prepared from the seeds of this small woody plant. *Jequirity* produces an ophthalmia of the croupous variety when some infusion is introduced into the conjunctival sac; the intensity of the inflammation appears to depend rather accurately upon the strength and number of the applications. The cornea runs no risk during the development of the jequiritic ophthalmia. In the interior of Cenia and Pianhy in Brazil, where the remedy is much abused, cases have been reported in which, after two or three applications, there appeared a very intense inflammation of the eyelids and conjunctiva, which did not

confine itself to these parts but spread over the face, neck, and upper part of the chest. This artificial inflammation has been employed and is recommended to cure obstinate cases of "granulations" rapidly. Some evidence has lately been adduced by Sattler in favour of the parasitic nature of the artificial ophthalmia. (*Lancet*, July 21st).

Crotalus in Tetanus.

An instance of recovery from tetanus under somewhat novel treatment has been recorded in the *Philadelphia Medical News*. The tetanic symptoms resulting from a punctured wound in the foot were most marked. *Chloral*, *Bromide of Potassium*, and *Chloroform* had been freely used without apparent beneficial effect. Dr. Ameden then, from physiological deductions, determined to try the venom of the rattlesnake. This was injected subcutaneously on two occasions; the tetanic spasms and rigidity ceased, and were replaced by extreme prostration, followed, however, by a fairly rapid recovery. (*Med. Times. and Gaz.*, November 24th).

On December 1st the following note appeared in the *Med. Times and Gaz.*:—Dr. Richard Neale writes to us: "In your paper of last week, p. 606, the value of adder's poison"—it was the poison of *rattlesnake*, not that of the adder: Dr. Neale seems to regard them as identical—"in tetanus is noted as novel. A glance at the *Medical Digest* (Sect. 526: 3) will show that, in 1874, the value of inoculating the venom of the adder was apparently established by several experiments and observations in cases of hydrophobia—a disease very nearly allied to tetanus; and at Section 1516: 4, a paper by a nephew of the illustrious Baron Humboldt is noted, in which the inoculation of adder's poison, after it had been attenuated by passing it through putrid liver, was found to be a certain prophylactic against yellow fever. Out of 1438 persons so inoculated, only 7 took the fever and these recovered."—*Vide Brit. Journ. of Hom.*, vol. xix, p, 470.

Chloral Poisoning.

Prof. da Costa, in a clinical lecture describing the case of a man who had taken seven grammes of *Chloral*, said that in addition to remedies such as *Brandy* and *Ammonia* for sustaining the heart's action, electricity, artificial respiration, and heat, we possessed a

physiological antidote in *Strychnia* which counteracted the depression of the nervous centres, particularly that of respiration.

With regard to chronic *chloral* poisoning he said there were great differences in different individuals as to the amount of toleration that might be attained. Some persons were always affected by small doses, while others required the amount to be increased until enormous doses are used. A case was referred to in which the prolonged and increased use of *Chloral* gave rise to all the symptoms of delirium tremens, showing that in some persons the system becomes habituated to larger and larger doses of *Chloral*, the smaller doses failing to produce the desired effect.

"Among the more striking features of chronic chloralism is muscular weakness, which is particularly manifested in the legs. There is such marked debility that on attempting to walk the patient appears to be paralysed. There is no special group of muscles that is affected, but there is a general loss of power in the limbs. This paresis may also manifest itself in the upper extremities. As regards other symptoms, there are some in connection with the circulation and nervous system that deserve discussion. There is feeble action of the heart, with cold extremities and a tendency to profuse sweating. The pulse is accelerated, but weak; arterial tension is reduced. The nervous phenomena are very remarkable. Active delirium, like that from alcohol, has already been mentioned, but there is also a less marked condition of the mind which is even more significant. The patient becomes constantly dull and dreamy; the will-power seems completely wanting; the judgment and intellectual faculties are impaired. The vasomotor centres lose to a certain extent their functional powers. This is partly shown by the condition of the cutaneous circulation; the extremities become cold and blue, and there is also a strange tendency to cutaneous eruptions. I have noticed erythematous blushes come and go with great rapidity, and I have seen papular eruptions more or less red and itching, not always the same. Therefore, in addition to the alteration in secretions (the perspirations already referred to) we may have various inflammations of the skin as a result of chronic *Chloral* poisoning. Sugar may appear in the urine, although it is not constant—at least I cannot say that I have found it so. In some cases the bodily nutrition is well maintained, and the appetite remains good, but the contrary is the case in others. Digestion is not materially influenced, except

that there may be relaxation of the bowels in place of the constipation accompanying *Opium.*"

In breaking patients of the *Chloral* habit, Dr. da Costa advises gradual reduction, and the administration of *Strychnia* or *Nux Vomica* at the same time. (*Med. Times.*)

The Effect of Tobacco Smoking on Children.

Dr. G. Decaisne has submitted to the Society of Public Medicine the results of some interesting observations on the effects due to the use of tobacco among boys. Thirty-eight youths were placed in his charge, whose ages varied from nine to fifteen, and who were in the habit of smoking, though the abuse of tobacco varied in degree. The effects of course also varied. In twenty-two patients there was distinct disturbance of the circulation, bruit in carotids, palpitation, deficiency of digestion, sluggishness of intellect, and a craving, more or less pronounced, for alcoholic stimulants. In thirteen instances there was an intermittent pulse. Analysis of the blood showed in eight cases a notable falling off in the number of red corpuscles. Twelve boys suffered frequently from bleeding of the nose, ten complained of agitated sleep and constant nightmare, four boys had ulcerated mouths, and one of the children became the victim of pulmonary phthisis, a fact which Dr. Decaisne attributed to the great deterioration of the blood produced by prolonged and excessive use of tobacco. As these children were all more or less lymphatic, it was not possible to establish a comparison according to temperament, but the younger the child the more marked were the symptoms, and the better fed children were those that suffered least. Eight of the children in question were aged from nine to twelve years. Eleven had smoked for six months, eight for one year, and sixteen for more than two years. Out of eleven boys who were induced to cease smoking, six were completely restored to normal health after six months, while the others continued to suffer slightly for a year. Treatment with *Iron* and *Quinine* gave no satisfactory result, and it seems tolerably evident that the most effective if not the only cure is to at once forswear the habit, which, to children in any case, is undoubtedly pernicious (*Med. Times*).

Copper and Cholera.

In the *Lancet* of September 29th, are two suggestive editorial notes bearing on the above subject. One relates to the inevitable microbe:

"In a paper by M. Bochefontaine, recently presented to the Académie de Médecine, treating of experiments on the antiseptic action of *Copper*, the conclusion is arrived at that whatever action *Sulphate of Copper* may have on the contagious elements of cholera it has none on '*vibrioniens ou germes microbiques.*' M. Béchamp said that from numerous experiments made in 1867 he had shown that the salts of *Copper* and *Iron* were able to retard the evolution of bacteria in certain cases, but that under other conditions, especially of the atmosphere, this evolution was not prevented."

And so *Copper* does not protect persons against cholera from its enmity to microbes. In another column of the same number of the *Lancet* is an account of a case of wholesale poisoning which took place on July 24th at St. Ives in connection with the Annual Show of the Huntingdon Agricultural Society. Many persons began to feel uncomfortably ill soon after the luncheon with headache, metallic taste in mouth, vomiting, and purging.

"At first no one thought of connecting these symptoms with the repast, but after a few days the increased number of the sick in all directions, and of both sexes, began to attract attention; and when it became known, as it did in the following week, that one of the judges at the show, and also one who partook of the luncheon, *had died of English cholera*, notes were compared, and it was found that from seventy to eighty cases of sickness, *all with the same symptoms*, could be clearly traced to this Agricultural Snow luncheon.

. . *There seems to be little doubt that one and all the cases were due to Copper poisoning*, and that somehow or other the salmon was the medium through which the poisonous effects were conveyed to the consumers."

It is beyond the power of the *Lancet* to do the simple mathematical problem of putting two and two together here presented, but a correspondent in *Nature* has proved equal to the task. Writing in that journal of the date September 6th, B. G. Jenkins says he is inclined to believe in the prophylactic action of *Copper*, though how that action may take place he does not know "unless it be according to the principles of homœopathy, as my experience

on three occasions—and a lively time I had of it—lead me to believe that *Copper* added to plums to preserve their colour should be eschewed."

Proving of Hyoscyamine.

Dr. H. A. Hutchinson, of Pittsburg, contributes (*Alienist and Neurologist*) his personal experience with *Hyoscyamine* of which he took one fourth of a grain in order to test its hypnotic effect while in a good state of health. His feelings are thus graphically described:

"Immediately I noticed a decided dryness of the mouth and throat, and almost a total absence of saliva, and difficulty of deglutition. Looking in a mirror, I noticed an intense congestion of my head and face, the carotids throbbing violently with every impulse of the heart. Along with this there was acceleration of the pulse and respiration, accompanied by a feeling of numbness extending over the entire body, with loss of power in producing the ordinary movements of co-ordination. I made an effort to 'walk it off,' but soon my feet becoming so enfeebled I could only walk by fixing my eyes intently on the ground. Had any one noticed me at this time, I should have had some difficulty in establishing the fact that I was not deeply intoxicated. Finding that exercise would not relieve me from the poisonous effects of the drug, I, with much exertion, ascended the stairs to my room for the purpose of retiring to bed.

"My mental faculties up to this point were intact, and I fully realised my unpleasant position, but had no fear of any fatal result. Indeed, I was entirely oblivious to everything, past, present, or future, and cared little for anything except sleep. So imperative and overwhelming was this demand, and the general helplessness of my limbs so rapidly increased, that I was only able to throw myself upon the bed without undressing, and was soon in a deep slumber or coma, which lasted eleven hours. During this period I have no recollection of anything. I was not disturbed by any delusion or dream, or conscious of the presence of any one or of my own existence.

"Medical friends who were present with me during those eleven hours, alarmed at the profound stupor in which they found me, and not knowing I had been experimenting with *Hyoscyamine*, resulted to every expedient to bring me out of what they supposed

to be an apoplectic coma. Resort was had to sinapisms, dry cupping, application of cold to the head, flagellation by wet towels, &c.; but all efforts were unavailing to awaken me or produce any evidence of consciousness.

"I am told that during this prolonged sleep there was entire relaxation of all the voluntary muscles, except occasionally some spasmodic movements of the arms and legs; the pulse beating during the first few hours at 138, full and hard; respiration numbered 34 to 40; and temperature 106° F.

"As the narcotic effects of the alkaloid passed away, the pulse rapidly fell to 106, temperature declined to 99°, and the respirations were reduced in frequency; but consciousness did not return for several hours after this.

"When I did regain consciousness I had great difficulty in collecting my thoughts or concentrating my mind on any particular subject. There were no hallucinations, delusions, or illusions, but for twenty-four hours or more every object on which I looked was tinged with yellow.

"It seems that during the period of sleep I suffered more or less from nausea, and at one time vomited, although I had not the slightest recollection of having done so."

For several days after his recovery the pupils were very considerably dilated, and he was annoyed with double vision and a general arrest of the various secretions of the body, as well as the excretions from the skin.

Chronic Arsenical Poisoning.

Two French observers, MM. Caillol de Poncy and Ch. Livon, have lately experimented on chronic arsenical poisoning. The effect of the addition of small quantities of arsenic to the diet of cats was not at first to cause any disturbance in the general health; indeed, they ate more, became fat, and seemed generally to be in exceedingly good health. After a time, however, they began to lose flesh, became affected with diarrhœa, lost appetite, and became languid, and finally died in a state of anæmia and emaciation, which presented a striking contrast to their condition at the commencement of the treatment. At the necropsy all the muscles, including the heart, were extremely pale; the liver, the lungs, and the kidneys presented all the naked-eye signs of fatty degeneration, and the mesenteric glands were swollen, and also presented fatty degenera-

tion, a lesion which has not previously been observed. In the lungs Cornil and Brault found, in acute poisoning, that the pulmonary capillaries were dilated and distended with blood, and the endothelial layers were invaded with large fatty granulations. Hæmorrhages were also seen in certain points, and many alveoli were filled by degenerated cells, giving rise to the naked-eye appearance of pale islets. The mesenteric glands appeared as large yellowish white masses of caseous aspect. The microscope showed that the peripheral parts of the glands were invaded by fatty degeneration, which was not limited to the follicles. The process of change appears similar to that in the lung: under the influence of the slowly absorbed arsenic the endothelial cells undergo fatty degeneration, commencing in the most active part of the glands—the follicular region,—from which it gradually invades the greater part, if not the whole, of the gland.—*The Lancet.*

Poisoning by Boracic Acid.

The increasing employment of *Boracic acid* as a topical application gives interest to the following communication from Dr. Molodenkow, of Moscow (*Cbl. f. Chir.*).

The first case was that of a man of twenty-five, who, after thoracentesis, was treated by washing out the pleural cavity with 5 per cent. *Boracic acid* water, the operation lasting an hour, and fifteen quarts of the *Boracic acid* solution having been employed, a portion of which remained in the pleural cavity. Vomiting, weakness, with increase of pulse and temperature, and later an erythematous eruption upon the face followed. Within a day or two all these symptoms grew worse, the erythema spread over the body and thighs, mother-of-pearl-like vesicles appeared over the face and neck, vomiting continued, weakness increased, hiccough and dimness of vision; finally, death on the fourth day.

The second case was that of a patient sixteen years of age, suffering with an abscess in the region of the hip, which was washed out with 5 per cent. *Boracic acid* water, a portion remaining in the cavity of the abscess afterwards. Within a quarter of an hour uncontrollable vomiting began, and the patient died of exhaustion on the third day. *Boracic acid* cannot, therefore, be regarded as an indifferent substance—at least, when introduced into the cavities of wounds.

Effect of an Overdose of Podophyllin—Amount taken about Sixty Centigrammes (ten grains). Prof. D. W. PRENTISS.

Mrs. H—, aged about forty-five years, a strong, healthy person, had been constipated for a week, and was feeling badly in consequence. Her husband was in the habit of taking *Podophyllin* for constipation, and had a bottle of it in the house. Mrs. H—, knowing this circumstance, got the bottle, and took out as much of the medicine as could be held on the handle of a teaspoon, mixed it with a little water, and swallowed it. The dose was taken April 9th at 5 p.m.

At 7 p.m. had cutting pains on both sides of the abdomen, with desire for stool.

At 8 p.m. feeling very badly, went to bed. The pain had ceased; there was great exhaustion, with relaxed muscles and a feeling as though the body was bathed in sweat, which it was not; then came a fearful pain in the occiput, as "though the head was being split open." This pain lasted about two minutes, and was followed by a dull throbbing ache and feeling of heaviness so that the head could not be raised from the pillow. At 8.30 o'clock vomiting began—first the contents of the stomach, then thin, bitter, dark green fluid—from half a pint to a pint at each attack. There were six or seven spells of vomiting between 8.30 o'clock and 4 o'clock the next morning. With each spell of vomiting the bowels moved, first constipated, then thin watery stools, but no blood. There was no pain with the stools, Frequent sensations of heat passing over face and head were noticed. With each occasion of vomiting the exhaustion was so great that she felt as though dying. Could not raise the head or assist in the act of emesis.

I was called to the case at 1 o'clock in the night, eight hours after the *Podophyllin* had been taken, when I found the patient in a state bordering on collapse, features pinched, extremities cold, pulse very feeble.

It is remarkable in this case that there should have been so little pain in the stomach and bowels. This was almost entirely absent, with the exception of occasional cutting pains at the first. On the contrary, there was a disposition to drowsiness. The greatest distress was from the exhaustion and the pain in the head. The intellect was unimpaired; the eyesight and pupils were unaffected; no involuntary discharges.

Mrs. H— kept her bed on the 10th, but got up on the 11th, feeling well, but with tingling in the extremities and weak as from a severe illness. (*Phila. Medical Times.*)

Féré and Demars on Ménière's Disease and its Treatment.

Féré and Demars (*Revue de Médecine*, Oct., 1881), describe the symptoms, and give the details of several cases of Ménière's disease with particular reference to the influence of *Quinine* on them, according to the method suggested by Charcot.

When a patient with Ménière's disease is treated with *Sulphate of Quinine* in doses of from 60 to 80 centigrammes (10 to 12 grains) the cinchonic sounds in the ears are added to the subjective sounds of the disease, and the patient's symptoms are rather increased. But if the *Quinine* is omitted for eight or ten days, the sounds and the vertigo diminish notably. If the *Quinine* is readministered for a similar period of from eight or ten days, there is a new exasperation of the symptoms, but of less intensity than at first. At the second cessation there is very considerable amelioration, and this may go on to complete cessation of the vertiginous attacks.—*Brain.*

May Iodide of Potassium excite Bright's Disease?

In view of the very large doses which have been advised and are frequently administered in the treatment of syphilis, the question whether *Iodide of Potassium* may excite Bright's disease becomes one of considerable importance. In the *American Journal of the Medical Sciences* for July, 1881, Prof. I. Edmondson Atkinson, of the University of Maryland, calls attention to the large proportion of cases treated for advanced syphilis that present, after death, evidences of marked kidney disease and, in this connection, to the fact that syphilitic renal disorder in its characteristic lesion, the gumma, is comparatively rare, while the forms the most frequently encountered are not in themselves syphilitic. In searching for a cause that might produce these changes quite independently of the syphilitic poison, Dr. Atkinson concludes that since *Iodide of Potassium* has decided diuretic action, and, as is known to clinical observers, may cause both albumen and casts to appear in the urine, the continuance of this remedy in some cases might lead to the changes observed. He therefore made a series of observa-

tions upon seventy cases of late syphilis, of which nineteen presented evidences of renal alterations more or less grave. The relation existing between the administration of *Iodide* in these cases and the appearance of mucous or hyaline casts and albuminuria, was quite evident, as in a number the abnormal elements gradually disappeared after the cessation of the remedy. . . . The author's conclusion is that while the evil effects of the *Iodide of Potassium* are for the most part small and transitory, the occurrence of more severe alterations is not impossible—nay, is probable. To these evil effects some individuals are more susceptible than others.—*Ohio Med. Journal.*

Quinine as a cause of Insanity.

The father of a Washington lawyer, guilty of escapades, has recently given the following explanation of the erratic victim:—"Thinking it a safe thing to do, my son has been in the habit for months of carrying quinine in his pocket and taking it in small but frequent doses, and the result is an elevated, sanguine state of mind, quite beyond the bounds of reason. His memory is not yet impaired, and the marked improvement already consequent upon being deprived of the drug, gives his friends reason to expect complete restoration in a short time." Two cases in which insanity always followed upon the use of quinine are reported in the *Journal of Mental and Nervous Diseases, July*, 1881.

Phosphorus.

Danillo asserts that toxic doses of *phosphorus* produce either central or diffused myelitis (*Journ. de Méd. de Paris*, September 9th, 1882), and that in acute *phosphorus* poisoning, hæmorrhages are formed in the central nervous system. Large doses of *phosphorus* produce central myelitis and extravasations along the whole length of the spinal cord; whilst smaller doses produce diffused myelitis, involving both white and grey matter. The morbid nervous phenomena observed in *phosphorus* poisoning may be referred to one or other of these forms of myelitis.

OBITUARY.

GEORGE J. HILBERS, M.D.

By the sudden death of Dr. Hilbers, which occurred at Brighton on November 30th, the homœopathic world sustained a sensible loss. It was not that our late colleague had contributed anything to the development of homœopathy,—his few writings on the subject being rather critical of the work of others than communicative of his own. What influence he exercised, moreover, was decidedly obstructive as regards advance either in diagnosis or its treatment; he scorned the use of the thermometer, and declined from sheer scepticism to employ the remedies recently introduced from America. Notwithstanding, he had among his colleagues, and still more among the public, the reputation of an able and skilful practitioner; and there can be no doubt of his success. Native shrewdness, a good knowledge of the materia medica (as it was in the days of Jahr), and an earnest faith in the sufficiency of homœopathy, made up for all defects, and gave him for many years a large practice, and the confidence of a wide range of patients.

His personal qualities added greatly and deservedly to his popularity. He was very hospitable, generous and charitable to a degree, and a capital companion—a great talker, with an amusing style of speech richly seasoned with epigram and paradox. His figure will be greatly missed in social circles, both in London and Brighton; and those who, like ourselves, have had to differ from him on public grounds, have nothing but kindly regret for his memory, and appreciation of the good done to our common cause by his consistent and successful career.

BOOKS RECEIVED.

Introduction to the Report of the Bureau of Materia Medica. By J. P. DAKE, A.M., M.D. Pittsburgh, 1883.

Electrotechnische Rundschau, herausgegeben von Dr. TH. STEIN. No 1. Halle..

Index-Catalogue of the Library of the Surgeon-General's Office, U.S. Army. Vol. IV.

The Insane Diathesis. By S. H. TALCOTT, M.D. Middletown, 1881.

Sleep without Narcotics. By S. H. TALCOTT, M.D. Middletown, 1883.

Tenth, Eleventh, and Twelfth Annual Report of the State Homœopathic Asylum for the Insane. Middletown, N.Y.

Twenty-fourth Annual Announcement of the Hahnemann Medical College and Hospital. Chicago, Ill., 1883-4.

Lectures on Cholera, and its Homœopathic Treatment. By L. SALZER, M.D. Calcutta, 1883.

Keene and Ashwall's Consulting Physician's Diary and Case Book for 1884.

Revista Homeopatica Catalana.

The Calcutta Journal of Medicine.

Boletin Clinico del Instituto Homeopatico de Madrid.

The Medical Counselor.

Rivista Omiopatica.

Revue Homœopathique Belge.

The Monthly Homœopathic Review.

The Homœopathic World.

The Hahnemannian Monthly.

The American Homœopathic Observer.

The North American Journal of Homœopathy.

The New England Medical Gazette.

Bulletin de la Société Méd. Hom. de France.

Allgemeine homöopathische Zeitung.

Homœopathic Journal of Obstetrics.

El Criterio Medico.

New York Medical Times.

The Clinique.

Bibliothèque Homœopathique.

L'Art Médical.

The Homœopathic Physician.

Indian Homœopathic Review.

THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

HAHNEMANN'S FIRST MEDICAL WORK:

On the Cure of Old Ulcers.

By Dr. Dudgeon.

In the collection of minor homœopathic and pre-homœopathic writings I published in 1851, under the title of *Lesser Writings of* Samuel Hahnemann, I purposely omitted the very first of his original medical works, as I thought it scarcely merited a place among his collected works. But though I still entertain this opinion, I think that it deserves to be known to all who would form an accurate opinion upon Hahnemann's genius and mental peculiarities. I am led to introduce to the readers of this journal this little work at the present time, partly on account of its interesting character, and especially because this year is exactly the hundredth anniversary of the date of its publication. It is curious to think that our great master, who was known personally to many still alive, and whose death occurred whilst several of our living and active colleagues were busily engaged in practice, should have published a work a century ago. This circumstance brings it home to our minds that Hahnemann was essentially a man of the eighteenth rather than the nineteenth century. He was forty-five years old at the close of last century. Therefore, in

judging of his works, especially of his earlier works, and more particularly of this one, we must not compare it with the advanced state of medical knowledge of the last years of the nineteenth century, but with the very unscientific medical practice of the eighteenth century. Bearing this in mind we cannot fail to be astonished at the originality and novelty of the methods of treatment suggested for the diseases treated of in this work. At a time when the most violent, most inappropriate and most hazardous remedies and modes of treatment were employed by the most eminent physicians and most illustrious professors, we here find simple and gentle remedies almost alone prescribed. At a time when the science of hygiene did not exist, we find Hahnemann insisting on the absolute necessity of exercise, open air, recreation, and cheerful society for the cure of diseases. Long before Priessnitz we find him lauding the virtues of cold water, in the form of baths, whole, half, local, and shower. And we do not find him merely saying that the patient should take cold baths and done with it; on the contrary, he gives the most precise instructions as to the circumstances in which cold bathing is indicated, as to the temperature of the water and the degree and duration of immersion. He tells us how the power of the bath is to be gradually increased by increasing the coldness, and the degree and duration of immersion. In short, he lays down rules for the cold bath that we have never seen more precisely formulated in a modern hydropathic establishment. Again, his surgical treatment of caries and necrosis by cutting and scraping away all the diseased portions of the bone was greatly in advance of his time, and is the same as was introduced many years later by Hey, of Leeds, and is now recognised as the proper method of treating that disease.

The reader will not fail to notice in this work Hahnemann's denunciations of the modes of treatment prevalent in his time, and his contemptuous sneers at the pedantic and authority-revering professors of medicine and surgery, a style of writing we all know to be characteristic of all his subsequent works. A tendency will also be observed in

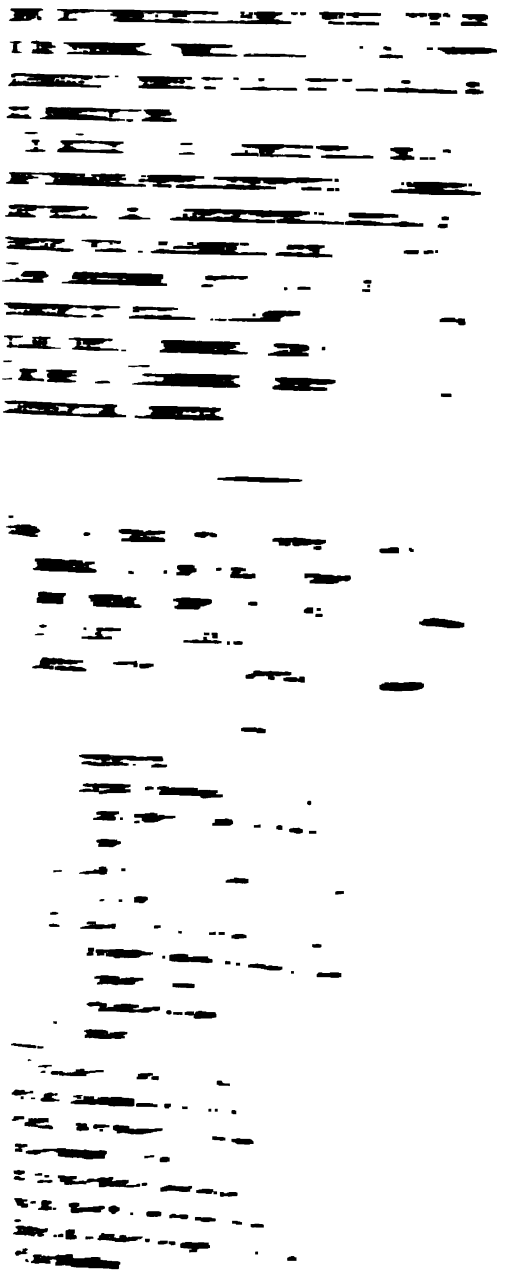
this work, as in his later productions, to talk in superlative terms of the amount of his own experience. Thus he speaks of his extensive experience in the treatment of old ulcers, his "thousand brilliant proofs" of the efficacy of hemlock in indurated glands, and so on. When we consider that he was not thirty years of age when he published this treatise, and that, judging from the cases he gives, most of his experience was gained while practising for one year and nine months in Hermanstadt, where he occupied the post of librarian and family physician to the governor of Transylvania before he graduated, we can hardly acquit him of exaggeration and of forming general deductions from limited data, a propensity which we notice also in his later writings, instances of which may be observed in his essay "On the Effects of Coffee," in his arbitrary assumption of the 30th dilution as being the best dose for all medicines, and many other of his dogmatic assertions. Still, in spite of these minor blemishes we cannot deny that the treatment of chronic ulcers recommended in this work is distinguished for excellence and originality, and is a long way ahead of the methods in general use at the period at which he wrote, and his observations may be read with profit even now, when the treatment of such cases is generally so much more rational.

It will be observed that in his pathology Hahnemann was a decided humoralist; it was not until long afterwards that he adopted the dynamic theory of disease, of which he shows himself such a strenuous partisan in the later editions of the *Organon*. It will be evident to every modern reader that under the head of "Suppuration and Consumption of the Lungs," several different diseases are included which our more precise pathology reckons to be totally distinct from one another.

That this book was highly appreciated by some of the most eminent in the profession at the time of its appearance we learn from the following opinion of Baldinger, the celebrated Jena professor, published in his *Medic. Journal*, 1785, p. 23:—"The author has handled his subject very thoroughly and properly. He shows how inappropriate

the ordinary treatment is, and teaches us a better way. The book is written in such a solid, practical style that it is much to be desired it may be extensively read."

I will not attempt to conceal my dislike of the little bit of what is now considered unprofessional practice that appears in this treatise. I mean his employment and recommendation of a remedy prepared and apparently sold by himself, of which he conceals the composition. But, as before said, we must remember that Hahnemann, especially at the period of the publication of this work, was emphatically a physician of the last century, and we know that in those days some of the most eminent men did not hesitate to allow their names to be connected with secret nostrums; and indeed, for that matter, the practice is not altogether unknown even in our own days, and remedies whose exact composition and mode of preparation are unknown, are largely used by eminent and respected practitioners, some even admitted into our official pharmacopœia. I may instance James's powder, Ruspini's styptic, and Collis Brown's chlorodyne, and there are many others of similar doubtful professional respectability which will occur to my readers. At a later period Hahnemann, as we know, endeavoured to sell his prophylactic for scarlet fever without revealing its nature, but then he tells us he did so because he wished to have it tested impartially and without exciting the prejudice against it which he thought would attend the knowledge of what it really was. As, however, he soon found that his colleagues would not have anything to do with it on those terms, he hastened to reveal his secret, and he never afterwards made any concealment of his remedies or his processes in their preparation. In short, when he entered the nineteenth century he became a nineteenth century physician in professional conduct, as well as in scientific thought, and he gradually cast off and threw aside the characteristics of an eighteenth century man as far as it was possible for him to do so. But as, even in the last century, he was a long way ahead of his contemporaries, so in the present century he was a great way in advance of the most illustrious physicians of the dominant school, and



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now, forty years after his death, we begin to see the heads of the profession, whom he had left far behind, everywhere attempting to come up to him, but with a halting, unequal, and hesitating pace.

In addition to the following original medical work, I have translated several articles written by Hahnemann at a later period, and illustrating certain important parts of his teaching, which had escaped the notice of the editor of his *Kleine Medicinische Schriften,* and of myself when I was preparing my edition of his *Lesser Writings.* I propose to publish them in subsequent numbers of this journal, and I am sure all Hahnemann's admirers will find them both interesting and instructive.

Guide to the radical cure of old sores and foul ulcers, with an appendix on a more suitable treatment of fistula, caries, spina ventosa, cancer, white swelling, and consumption, By SAMUEL HAHNEMAN, *Doctor of Medicine, and Medical Officer of the Municipality of Gommern.**

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V. Ointments and plasters.
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* Published at Leipzig, by Siegfried Lebrecht Crusius, 1784. It will be seen that Hahnemann spells his name here with only one final "n." This is evidently done purposely, for throughout the work almost all words having a double consonant are spelt with a single consonant. There are exceptions, but on what principle these are made I am unable to discover. Hahnemann was not quite such an out and out reformer in this direction as our Dr. G. Harley, and he does not appear to have indulged in this "fad" in any other of his publications.

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INTRODUCTION.

IN the following pages I treat of the cure of those kinds of injuries of the external soft parts of the human body,

which for several reasons are not ameliorated, far less removed by remedies for recent wounds.

I shall add something about the treatment of the destruction of the firm parts frequently occurring along with them, of caries of the bones, and something respecting cancer, spina ventosa, white swelling, and some internal ulcerations, all just as my experience has presented them to me.

So much has been written and said about old sores, that it may be supposed that this subject has been exhausted, were it not that almost all these artificial methods failed the physician in practice and subjected him to the sad necessity of shamefully abandoning the patient to his chronic malady without hope of relief. It was necessary to justify this hopeless abandonment in order to conceal the unskilfulness of the doctor. Sometimes these sores were alleged to be the effect of magic, that is to say, incurable by medical aid; sometimes they were said to be mortal injuries, the healing up of which must infallibly be fatal; or they were pronounced to be the inevitable consequences of child-bed, and then it was stated that the woman had got the old sore in the six weeks and she would have to keep it. Others dismissed their patients with the consolation that it was a hereditary malady, derived from their parents or ancestors, it must be left alone; and the learned ones gave the sore with perfect propriety the Latin name of *noli me tangere*, and so a number of curable cases were abandoned to many years of suffering, to a miserable life and an early death. Another common resource of unskilfulness was this: a moderate old ulcer after being fruitlessly treated by all sorts of salves, was cured by the production of several issues, which was only exchanging one old sore for several. The majority of physicians would have nothing to do with them, but left them to the bath man, the shepherd and the hangman, more from ignorance than disgust. The fame of practising such heroic treatment smells much worse than the fœtid discharge. The surgeon has just as good reasons for leaving the patient to his fate as the physician, or with a modesty unusual to him, he protests that internal

treatment must go along with the surgical, and this is the physician's affair, which is as much as to say that four shoulders can bear more disgrace than two. If the patient is fool enough to employ both, he often experiences what the woman in the gospel with the chronic issue of blood complained of. The finishing stroke to the treatment of such cases is generally given by old wives, the hangman, the farrier, the shepherd, and death. For all that I am not too proud to confess that horse and cow doctors are frequently more successful, that is to say, more skilful in curing old sores than the most learned professor and member of all the academies. Let this not be denounced as mere empiricism; I would like to possess their workmanlike expedients which are founded on experience often, it is true, gained in the treatment of animals, but which I would willingly exchange for many medical folios, if they were to be had at that price. But, on the other hand, far be it from me to draw from them general rules for my treatment or to prefer irrational quackery to the well-considered medical theories deduced from the observations and experience of illustrious and honest men. I know the limits of both. Thus much, however, is true, and it may make us more modest, that almost all our knowledge of the curative powers of simple and natural as well as artificial substances is mainly derived from the rude and automatic procedures of the common people, and that the wise physician often draws conclusions from the effects of the so-called domestic remedies which are of inestimable importance to him, and their value leads him to adopt simple natural means to the great advantage of his patients. I will spare my readers proofs of this.

I. *Injurious consequences of the ordinary modes of treatment in many cases, by frequent evacuations and blood-purifying processes.*

When I plead for a simplification of the mode of treating old ulcers, I must condemn as bad their ordinary treatment though it may appear to be very simple. Venesection, cupping, diaphoretics, purgatives and saturnine remedies are

the arcana of our ordinary physicians and surgeons; simple and innocent though they may appear to be, yet are they useless, doubtful and injurious in reality, and they are employed without a hair of difference whatever the nature of the body or the character of the sore may be. Some insist particularly on the purification of the blood and adopt measures that greatly enfeeble the body but seldom do any good. Elder and hop flowers, fir buds and young rye sprouts, birch and tar water, expressed juices of herbs of all sorts, dandelion, horse-radish, soapwort, burdock, and couch-grass root, cat thyme, veronica, water-cress, decoctions of quassia, of cinchona bark, sarsaparilla, dulcamara and dropwort, mineral waters of every kind, goat's whey, many neutral salts, saltpetre, sulphate of potash, Glauber and Epsom salts, polychrest salts, warm baths and the like.

These remedies under the high-sounding denominations of whey-, mineral-, water-, herb-, bath-, blood-purifying-, and spring-treatment, methodically employed, are supposed to evacuate in an especial manner the bad humours; to sweeten, smooth, and improve the blood; to vivify the vital spirits, &c. They are excellent remedies for resolving obstructions of the glands and small vessels, and for bringing down the plethora of the body, τας ἐς τα ἐσχατα ἐνεξιας, as Hippocrates has it, and for putting it into a lower and therefore more healthy state, but this is seldom required; on the other hand, they are powerless to make good blood.

Case 1.—A girl, 13 years old, had six years ago lost her parents, by whom she had been coddled, fed with heating food from her infancy, whereby she had been so enfeebled that she made little healthy juices, and for ten years had been affected with ringworm, bad eyes, rickets, worms and eruptions. The persons she now lived with made her work constantly at the spinning-wheel, so that she had but little exercise, and had to lead a sedentary life in the close atmosphere of the room. She had no lack of scoldings and stepmotherly corrections, consequently of vexation and worry. The tendency of her disordered juices was towards the cutaneous surface, on which appeared boils of various sizes and malignancy. The arms, as also the legs and the rest of the body, were, when I was called in, the seat of upwards of thirty such old sores, the

worst of which were of the size of a florin or crown piece. The matter that flowed from them was acrid, and caused ulcers on the parts on which it spread. The legs were the worst. The lower part of Hermanstadt, where the girl lived, was exposed to the warm, moist air and the exhalations from the marshes. Accustomed to the usual system, I could think of nothing but to ply her with wood decoctions, herb juices, and purgatives. I dressed her wounds with a digestive ointment. The sores lost nothing of their uncleanness, but the whole body became weaker and more debilitated. In order to meet the first malady I discontinued the digestive ointment, and directed her to apply to the sores linen rags moistened with a diluted solution of mercury in nitric acid, to keep them moist and renew them every twelve hours. In a fortnight I perceived a difference, for all the sores now began to secrete laudable pus. I continued this treatment for four weeks. Everywhere there appeared good matter; but though I moistened the edges of some of the sores with strengthening essences, whilst the surface of the sores was always dressed with fennel-water—because poverty forbade an appropriate general treatment—I nowhere saw any continuous cicatrization. If the disease healed up in one place, it broke out again in another. During this treatment she discontinued spinning, but either weakness or poverty prevented her getting suitable food and wholesome air. I did not at that time insist strongly enough on the necessity of this, thinking like the pedants of the schools, that internal and external remedies—as they are called—constitute the essence and soul of all treatment. So I went on with blood-purifying treatment and my external applications for twelve weeks, without producing the slightest amelioration; on the contrary, the patient became considerably worse. Her pale, pasty complexion became paler and more pasty, her weakness increased. Disconcerted I consulted the oracles of my system, and got the discouraging answer that I had done all that art required. Thus spoke the system; the latest additions to it held out the flattering hope of benefit from the internal use of corrosive sublimate; but though I gave it in a very diluted form, swelling of the cervical glands, with debilitating attacks of fever, were the only effects of this heroic treatment, which I dared not continue without causing complete destruction of her vital powers. I did not venture to push it to salivation, to which she showed a great proneness. In addition to the ordinary blood-puri-

fying remedies, I gave also dulcamara, madder, and antimony, but, as before said, without any benefit. The treatment had now been carried on for sixteen weeks. I was overwhelmed with shame, and gave up the treatment of the patient, who was weakened but in no respect improved. I subsequently learned that she was turned off by her relations, and had to hire herself out as a servant in the country. Her master, a compassionate peasant, advised her from his experience, on account of her sores to bathe several times a day in the Zibin. Soon after this she quite recovered. No longer exposed to worry, the close air of a room and a sedentary life, the cold of the bath strengthened her body and rendered it capable of forming better juices than all the blood-purifying remedies. Her sores at the same time grew clean, partly perhaps because at first she still employed the diluted mercurial wash. More wholesome air and moderate work eliminated the remainder of her inherent bad humours more powerfully than diaphoretics and purgatives, and she recovered her health, thoroughly exemplifying the great maxim: that the wants of nature are very simple, and only require that we should supply them.

II. *Excess of food and indolence, as the causes of evil humours and foul ulcers.*

Cases often occur to us in practice showing how much immoderate quantity and unsuitable character of nutriment contribute to the production of evil humours and bad sores, and on the other hand, how much simple and moderate nutriment may improve both. The glutton would not be crippled by podagra, the wine-bibber would not be tortured by gout, had they been more moderate in their enjoyments. Are not stall-fed cattle subject to more diseases than the others? Especially is this the case when they are deprived of exercise. Enforced rest not only debilitates the stomach and bowels, causing indigestion, frequent diarrhœa and constipation, different manifestations proceeding from the same source, but it also weakens the finest lacteals and lymphatics. Half-digested nutriment passes through them and mixes with the blood. The sympathetically relaxed arteries cannot transform this completely into good blood. Thus it will be deposited by the dilated exhalents in places

where this unpurified and unconcocted nutriment should not be, and in such excessive quantities that the cellular tissue cannot dispose of it without great difficulty, it stagnates in the finest excretory vessels. Gouty nodes, obesity, dropsy, boils, glandular swellings, &c., are examples. These humours in such places are apt to undergo chemical alterations and decompositions. How readily do indurated glands when injured change into cancer, wounds in dropsical subjects become gangrenous, and chills in fat persons develop putrid diseases!

No wonder, then, that such over-fed bodies full of half-digested, unpurified nutritive juices after some injury, especially on the legs, or where the periosteum is at the same time destroyed, as is so apt to be the case in the shins and ankles, get foul sores, which, especially when improperly treated, tend to assume a malignant character. Nature rejoices to see a sluice opened by which she can discharge the useless humours that have been forced upon her. The patient himself sees that many of the disagreeable effects of his gluttony and effeminate mode of life which used to torment him, are thereby diminished and as it were drawn off, eruptions, swelling of the cervical glands, ophthalmia, nodes on the skin, colds, coughs, asthma, noise in the ears, rheumatism, &c. He begins to regard this ulcer as a necessary evil, and as a wholesome contrivance of nature, who like a good mother endeavours to ward off the consequences of his mode of life by a derivative expedient; and so he continues in his ordinary mode of life, and regards his sore with tranquility as it grows bigger and worse, especially when it is situated on the legs.

We may be learned in mechanics and hydraulics and possess a good knowledge of anatomy and physiology to boot, yet we shall never be able to rightly understand how such a great quantity of blood can with facility ascend from the lowest parts of the body to the heart through the recurrent blood-vessels. But that the force sufficient to effect this must be exactly adjusted, and that no superfluity of it is present, is evident in the great liability of the legs to become congested and swell from the slightest

cause, in the dilatations of the veins of the legs (varicose veins) during pregnancy, where the garters or stays are too tight, from a sedentary mode of life, warm foot-baths, &c. The ascending circulation can only be maintained in due order by perfect freedom of the blood-vessels and muscles of the legs and sufficient exercise.

We can easily understand how much more disposed a wound is to increase and become spongy in the legs than in other parts of the body, for the more yeasty portion of the juices more readily sinks downwards towards the wounded part, for there the anastomosing tubes of the ascending and descending blood-vessels at the seat of their junction where the greatest firmness is required have become leaky. Sometimes also there may be a natural tendency at this point, more than in other parts, to exhale moisture.

But to return to the above maxim, any one possessed of the slightest knowledge of the human body can understand how easily gluttony and an indolent mode of life can develop evil humours, and these in their turn may from the slightest cause give rise to foul sores especially on the legs. But it is not until the sore has become a big cloaca of the body, until by the absorption of the discharge into the mass of the blood the juices have become deteriorated and the strength brought down, not until the pain caused by the degenerated fluid penetrating the organism, torments him day and night, does the gross feeder seek the aid of a sensible physician, and then only after years of suffering when he is usually old and full of prejudices, and then it is difficult to give him material help.

Case 2.—A respectable custom-house officer conducted the business of his office in the most comfortable manner according to his notions. His office was close to his dwelling, behind which was a small garden surrounded by high buildings. His age was above fifty, and he had held the post for upwards of twenty years. He got up after eight o'clock in the morning, ate a heavy breakfast, smoked several pipes and spat a great deal while doing so. This he thought was a wholesome habit, he thereby got rid of a lot of bad humours, he alleged. From nine to eleven o'clock he sat in his office, then he smoked again, ate something, and drank a bottle

of Rhine wine, read the newspapers, and sometimes fell asleep over them. At half-past one o'clock he ate a quantity of succulent food and sought to promote digestion by drinking a couple of bottles of Rhine wine. The next thing he did after this meal, which lasted two hours, was to read a novel with a pipe in his mouth, with which he drank ale. He then went again to his lazy work, after which the guests assembled at his house to play at ombre, in summer in a small house in the close garden, in winter in a well-heated room. Here they played, drank ale and smoked tobacco till ten o'clock at night. Then the most toothsome dainties were served in order to tickle the palate and excite an artificial hunger, and these were washed down with Rhine wine until midnight. He knew no variation from this mode of life. Sitting and sipping, guzzling, smoking and sleeping, alternated with one another. He had long forgotten the difference betwixt the harrow and the plough, or how the bloom of the thorn looked. His dismal little garden, his dining-room, and his office constituted his whole world.

If I may venture to employ the ancient terms used to denote temperaments, I could say that his was a mixture of the sanguine and phlegmatic.

His pallid complexion corresponded with his pot-belly and his flabby cheeks. He was of middle height. In his youth he had very little illness, this made him confident. Only since his sedentary life began he had suffered some pains which he sought to drive away by rest, intoxication and a pipe. His wife was a sensual creature, but she had no children by him, her love was altogether of the animal sort. Partly in order to get rid of his pains, partly, as he said, in order to draw off the bad blood, he was accustomed to be bled in one of his feet four times a year, and for the same object he took a Vienna potion six times a year. Besides this he drank every June two large bottles of Seidschütz water and took a warm foot bath every Saturday night. This was all he did or thought of doing for his health. For some years past he had become rather hard of hearing, had occasionally vertigo; in the morning he generally threw up mucus; he often had coryza, an was usually rather asthmatic and wheezy. He had often to take domestic pills to open his bowels. His greatest complaint was that his legs sometimes swelled, and this trouble came more frequently year by year. When he wanted to let blood from his feet, he had to wait until this swelling was somewhat abated, and of late years

the wound of the vein always turned into a sore which healed with difficulty. A fall which he once had rubbed the skin off the left outer ankle and was followed by erysipelas. His surgeon was also the medical adviser of his household. His treatment was usually to apply a lead lotion and warm herb compresses. All seemed to go on well, though slowly, until, after the lapse of a week he was much annoyed by something that occurred in connexion with his business, and the sore that seemed so trifling grew larger. He altered nothing in his way of living, only indulged every day in a siesta. Marsh-mallow ointment, litharge plaster, and when inflammation appeared, poultices of milk porridge and saturnine compresses with a few grains of camphor were the only means employed by the surgeon for the disease which continued to increase. Some diaphoretic powders, some purgatives and several venesections, sometimes on the arm, sometimes on the right foot were the most notable episodes in this drama which was gradually assuming a tragic character.

When after thirteen months of methodic treatment by his surgeon, nothing more had been effected except that the sore had increased to the size of half-a-crown, with hard borders and deep bluish-gray fundus, with red swelling of the leg as high up as the calf, the patient grew weary of the treatment, and he then resorted to a trial of domestic remedies, the usual course of such persons in such diseases. A wise woman, who was in great repute for stroking and charming away fevers, applied herbs according to directions written on an antique parchment, diligently attending to the aspects and changes of the moon, collected dew before sunrise in new vessels, burned the rags that had covered the sore at midnight in a place were four roads met, and promised a speedy effect from her mysterious operations. But the sore only grew bigger under this quackery; she enjoined patience, but the disease got worse. After this interregnum, which lasted two months, I was consulted.

But was it possible for me to persuade this gourmand to be moderate, this drunkard to drink wholesomely, this weakling to take cold baths, this lazy fellow to work? Could I bring to him in his arm-chair the ether of the blooming meadows, the strengthening coolness of the morning air? Could I without his co-operation infuse into the relaxed vessels of his body the requisite tension, or change the mass of his humours degenerated into unhealthy slime, by transfusion? I did what I could by manly advice, by the advice

of a doctor, to bring him to adopt a different mode of life, I endeavoured to improve the condition of his sore and to strengthen his leg. But these were mere trifles compared with what was necessary to be done. Things remained *in statu quo*, with this exception that the sore did not become bigger, the swelling of the leg decreased, and the discharge had a better character. Before my advent the nocturnal pains were greater all round the sore than in it. Some pimples had appeared on the other foot, which discharged and broke out into small ulcers, which my treatment could not prevent. The slightest application of stimulating or astringent vulneraries caused intolerable itching and tearing in both legs. This was his condition for nearly two years. Now came the last act of the drama, not so brilliant, but wholesomer for him. His extravagance and the deficiencies in his accounts caused by his neglect, had long exceeded his income, from time to time he sought to supply the deficiencies by abstracting sums from the cash box, until at length, on a general inspection being made, his defalcations were detected. He escaped to S——, where I saw him three years afterwards. Fear and danger had impelled him to make a long journey, and poverty and hunger had forced him to accept a very inferior situation; he had become the bailiff of an estate. A meagre supply of brandy and small beer, combined with a scanty allowance of food and much walking about, had brought down his pot-belly, strengthened his legs, healed up his sores, given him a nice brown complexion, and an activity which he would not exchange for the vegetating existence he had formerly led. Colt's-foot and plantain were the remedies he had applied to his sores, when he first entered on his new career, and he loudly vaunted the curative powers he imagined they possessed; he failed to perceive what was the true cause of his recovery. He is still alive, I believe, and is still active and contented at threescore and two years of age.

As similar cases are frequently met with in medical practice, I need not relate any more such; I have given this one in full detail, as it presents many features bearing upon my subject, and was very instructive and interesting to me.

III.—*Abuse of alcohol as a cause of evil humours and chronic ulcers.*

We daily see how excess in spirits and liqueurs is so horribly pernicious to the human body, it soon transforms

even young persons into half-alive corpses. All the fine juices of the body are probably expelled by the more rapid movement of the blood they cause, and the nerve spirits are dissipated. The coagulable juices of the body, the liquid gelatine becomes inspissated and viscid, the muscular fibres shortened and their irritability destroyed. Especially are the digestive organs shrivelled up, the stomach and bowels become as if tanned, insensible, thickened and contracted, the lymphatic and lacteal vessels become contracted and stopped up. All the digestive operations are weakened. No wonder that extreme debility, loss of power, constipation, swellings, and evil humours are produced, and that then slight causes will develop malignant ulcers.

Case 3.—A potter, by neglecting his work, fell into poverty. He became lazy, and sought consolation in getting drunk on brandy. While he spent all his money on this seductive drink his arms wasted away, his long body became bent, his face became puffy, and his legs swelled until at length they broke out in sores. He took no remedies for his malady. When his health was completely ruined, and the discharge from his ulcerated legs became extremely fœtid, his wretched cottage was seized by his creditors, he himself was consigned to a miserable hospital in order that, as his end seemed approaching, he might obtain a free burial. The inmates of this wretched asylum were fed on bread and water, the former in such insufficient quantity that in order that they might not die of starvation they had to beg for food from door to door. The potter had also to beg his bread, but this he did with the greatest difficulty as his enormously swollen legs only allowed him to move slowly, but it was hoped that his sufferings would soon come to an end. But both he and the parochial authorities were mistaken. He was able to walk better from week to week, and in half a year he was quite well. Water, his only drink, a scanty allowance of dry bread, and a sufficiency of exercise had cured him. I heard that he had not altogether given up his brandy drinking, but as he was only able to get that rarely and in small quantities it did not harm him, as he was used to it, and had plenty of exercise.

IV. *Suppressed menses and improper treatment of the menopause as causes of bad sores.*

When natural evacuations become interrupted, changes occur in the human machine which we have difficulty in ascribing to this cause were not the cases so obvious and frequent; so difficult is the connexion betwixt effect and cause to be detected. We know from our books what accidents neglect of blood-letting and the plethora thence arising give rise to, how headache, drowsiness, heaviness of the limbs, redness of the face, distension of the blood-vessels, epistaxis, hæmoptysis, inflammatory fever and apoplexy are its consequences. Now, as we are taught, the blood discharged every month by adult women is the purest blood. If this is so, and this flux is stopped, nothing but plethora and its accidents should follow. But interruption of the menstrual flux is usually followed, as experience teaches us, by something quite different; the accidents that ensue can seldom be removed by the remedies for plethora: meagre diet and blood-letting. Suppression of the menses must therefore be something quite different from omission of the accustomed blood-letting, it is only suppression of the hæmorrhoidal flux that is somewhat similar to it. Green sickness, with all its horrible consequences, often attacks the innocent creatures to their destruction. Plethora seems to increase the firmer portion of the blood, its red corpuscles, but to diminish its watery constituents; in green sickness the opposite occurs, and in addition the nervous system is affected and weakened. Puffiness, weight in the loins, paleness, dyspnœa, all kinds of hypochondriasis and uterine derangement, loss of or excessive appetite, hoarseness, sleeplessness, melancholia, stupidity and all the signs of deteriorated humours; swelling of the abdomen, hands and feet, glandular swellings, blear eyes, lymphatic abscesses, eruptions, erysipelas and ulcers are its attendants. I shall confine my observations to the last only, for the morbid phenomena of green sickness are marvellous and manifold. When the humours are so deteriorated, especially when there are dropsical symptoms, the slightest

cause is apt to develop foul ulcers, which are hard to cure in proportion to the obstinacy of the green sickness.

Case 4.—A young woman, æt. 20, of mixed but rather choleric temperament, had from her seventeenth to her eighteenth year her menses regularly and in perfect order. Her mother died then. The grief she underwent and the anxiety she experienced on having to take the charge of the domestic affairs, and the vexations she endured from her brothers and sisters, to whom she had to act as mother, brought about a derangement and at length a complete stoppage of her menses. After two years, when she came under my care, her condition and appearance betokened a disturbance of her whole system caused by the stoppage of this natural flux. Her gait was slow and lazy, her disposition was cross, her breath fœtid, her speech hoarse. Her face was pale and puffy, her eyes encircled by blue rings, her pulse feeble and soft, her urine clear as water, sometimes with a sediment. Every evening she had a transient debilitating heat, and towards morning exhausting sweat; she rose in the morning as feeble as when she lay down at night. Cakes, milk, fruit, cheese, and sweets were her favourite food. She was slightly deformed, and vanity had compelled her to conceal her spinal curvature by a painful corset. For the last half year a new ill-made corset had excoriated the skin over the right shoulder-blade. Nature seized the opportunity to excrete a quantity of bad humours on that spot. The muscles connected with the shoulder-blade were permeated by pus, which at length gained an exit at the apex of the shoulder-blade. Rancid salves had aggravated the sore and transformed it into a chronic ulcer. For the last six months she had made over the domestic duties to her second sister, but notwithstanding that all the troubles and anxieties passed through her poor head and there was no happiness in her dejected soul.

My treatment was as follows:—I made her resume her domestic avocations, go into society, encouraged her to cheerfulness, and got her to take cold baths, which in Transylvania are taken publicly without any restraint caused by the difference of the sexes. I sought to render the sore clean, and a solution of corrosive sublimate was the most effectual in accomplishing this. The medicines I ordered were a mixture of bitter, astringent, and aromatic herbs, alternated with precipitated iron from the acetate. After the lapse of some weeks from the commencement of the

treatment I let her take once a week a strong aperient moderated with saffron, which caused a few evacuations. Walking exercise, recreation, and cold baths were continued. After eight weeks I commenced to give her the above aperient on the day when the menses ought to have appeared. They were always ushered in by certain symptoms. I repeated it the next day, and on the third day I bled her in the foot. The strengthening treatment was again resumed, and the aperient and venesection repeated after twenty-eight days. At the following period the menses returned of themselves without any assistance. The strengthening regimen, the exercise and the amusements were continued for some time longer, and the menses were aided several times by a warm foot-bath before the arrival of the day. The sore soon healed with the help of dry lint. Her cheerfulness returned, she took pleasure in things about her, her mental powers increased, and her health was quite restored. She married, and became the mother of several children.

Much more difficult is the treatment of ulcers in elderly women, in whom either the menses have ceased too early, or some errors of treatment have been committed during their natural gradual cessation. The laziness, self-will and irritability incident to this period of life form an evil compound with the natural lowering of the strength and deterioration of the juices. When, now, blood-letting is neglected at the time of the normal or abnormal cessation of the courses, when diseases, mental emotions or other causes bring about the sudden stoppage of this natural operation, then hysterical or nervous symptoms and a kind of green sickness come on which increase the sufferings. A sedentary life, or too violent exertion during pregnancy, have perhaps distended the veins of the leg to bursting. The evil humours are urged towards the weakened part; the legs swell and from the slightest cause erysipelas comes on. This is treated in a bungling manner by some old woman, it bursts and forms ulcers which are difficult to cure. Such is the usual occurrence in the chronic sores of elderly women, who are fortunate if they come betimes under the treatment of a sensible doctor.

Case 5.—A lady of rank lost her menses in her forty-fifth year,

but in such a manner that they sometimes seemed about to recur, but could not flow. No attempt was made to help her by bloodletting. No wonder then that the sufferings caused by irregularity of her menses in her unmarried state and the spasmodic hysterical ailments of her middle age now reappeared with redoubled intensity; too late, now that she was thoroughly debilitated, it was attempted to bleed her in the foot. Unfortunately the point of the lancet was plunged into a prominent tendon of the big toe of her left foot, and it stuck there, causing a severe inflammation. The doctor dressed the wound several times a day with a saturnine lotion, expecting that the broken point of the lancet would suppurate out, for he wisely concealed the accident from his patient. The nervous system, already disposed to spasms and derangements and the deteriorated juices in her debilitated body, soon found a field for their operations in the irritated part. There was developed a fœtid sore with ichorous discharge which spread downwards. The tendon became eroded, the periosteum was destroyed, and the head of the first phalanx of the big toe became necrosed; a portion of the skin also was burrowed by the suppuration so as to form a fistula. I was called in. I laid the wound open, dressed it for some days with digestive, I scraped the carious bone clean out and removed all the dead portion, dressed it with alcohol, and watched the effect. After some days I removed the proud flesh with lunar caustic, and dressed the wound alternately with digestive and corrosive sublimate lotion, so as to get it into a clean condition. When the wound had become clean its borders were dressed with strengthening balsam, and its surface with digestive free from fatty matter. I allayed the heat of the swelling with cold foot baths. I strengthened the patient herself with half and whole baths, gradually increasing their coldness, and by internal medicines, by which the juices were improved, and I put on a bandage from the toe to the knee. I allowed her to take a drive morning and evening. The bone scaled off, firm cartilage and granulations and a kind of periosteum were formed, and the rest of the wound diminished in size, and gradually though slowly healed. The treatment lasted nine months. In order to procure a perfect recovery I allowed the patient to go to several watering-places, without using the waters, except the chalybeates, which she employed in the form of cold foot baths. The change of air, the amusement of her mind, the freedom from care and the exercise she enjoyed during her

travels, completely removed all her sufferings, of which she subsequently showed only slight and transient traces, excepting that there remained the discomfort of her left toe being somewhat bent inwards. I remember also that I advised her to take cold foot baths occasionally, and recommended her to be bled from the arm every quarter of a year for two years. She died of smallpox five years after her cure. She was a lady of amiable character, of good understanding and of a docility rarely met with in persons of her rank.

Among the chief exciting causes of malignant ulcers, I have hitherto only mentioned such as are seldom regarded as causes and therefore are less dreaded. It is on account of this that I have been somewhat prolix in treating of them. I shall now proceed to mention the other causes, which I shall do more briefly.

I should never come to an end were I to go through, in full detail, all the causes which produce malignant ulcers either directly or indirectly.

All the modes of life and passions, all the accidents of the body which deteriorate the juices and weaken the firm parts, are adequate preparations for these maladies. Acridity of the bile produced by vexation and grief, excesses in venery, superfluity of nutritious food, inordinate indulgence in drinks, especially spirituous liquors, lazy sedentary life, damp, unwholesome air, ill-ventilated, over-heated rooms, stagnant water and the exhalations therefrom, bad, indigestible food, previous debilitating diseases or such as tend to throw out their morbid excretions in the form of ulcers, rheumatic and gouty affections, impotent old age, especially in obese subjects, frequently-recurring erysipelas, chilblains, œdematous swellings and especially a previous injudicious treatment of existing sores, particularly in the lower parts of the body.

Among the diseases, chronic, imperfectly-treated agues, suppressed eruptions and cessation of the menses are the most frequent causes of malignant ulcers. Badly treated smallpox, putrid or inflammatory fevers, dysentery and dropsy are next in frequency as causes.

Neglect of appropriate treatment is often as bad as improper treatment, both causes are often combined. I should

never come to an end were I to enumerate the whole array of senseless internal and external remedies for recent and old sores. I shall only mention a few of them, which after improper modes of life and erroneous treatment of some diseases, constitute the most frequent exciting causes of malignant ulcers.

V. *Ointments and plasters.*

Irritating rancid ointments and plasters, which aggravate the sores partly by promoting putrid fermentation and inflammation, partly by obstructing the discharge of the matter, so that it becomes still more decomposed and burrows in the tissues, in all conditions of life; and neglect of the sores so that dirt and irritating substances get into them, among the common people, are the usual producers of a malignant ulcer. When it has become bad, it is smeared with domestic salves until the disease becomes intolerable, then the surgeon is called in, whose general incompetence we, in Germany, are well aware of but cannot remedy.

I cannot understand how it can be believed that a plaster stuck upon raw flesh can cure it. Plasters only stick and cover up, they prevent the discharge of the matter and exhalations. How often have the most innocuous plasters in a short space of time made the smallest sores large, and then the patient is consoled by being told that his skin will not tolerate plasters; but when does a patient suffering from ague with a healthy stomach not tolerate cinchona bark? The composition of a plaster shows the insolubility of its mass in the fluids of the sore, how then can its ingredients have any healing property? The harm done by all kinds of plasters in the treatment of open sores is infinitely greater than any good they do, so we should once for all cease to talk of healing plasters. For other purposes there is no doubt about their value.

Besides pointing out the hurtfulness of almost all plasters and greasy ointments in the treatment of sores, I must particularly insist on the impropriety of treating old ulcers with such as contain lead, which almost all plasters do.

Case 6.—In Hermanstadt I had under my care a respectable cabinet maker, 76 years of age, who for more than twenty years had been subject every autumn to sores on both legs, which at first he always healed by wholesome regimen and poultices of alder leaves, but which, the last five years, returned in such a bad form that they were with difficulty healed. The repeated swelling in his legs had resulted in indurated bluish lumps, and the movements of his feet were considerably interfered with. Five weeks before I saw him he had resolved to abandon his ineffectual treatment and to put himself under the care of a doctor. This gentleman had served for many years as a regimental surgeon, and had imbibed all the prejudices of his profession, and as he thought himself full of knowledge he had graduated; and of a truth with his golden sword and his grey beard he seemed a most respectable man. Saturnine lotions, oxyde of lead salves, and litharge plasters of all sorts were the favourite remedies of this doctor even in the treatment of the chronic sores of this worthy man. As the lead gradually began to act the pains increased, so that at length they became unbearable, and I was called in. I found an emaciated old man harassed with dry fever and irritable nervous system, crying like a child, though he had previously been so manly and sensible. His two sores, one on each leg, were seated on the inner side of his shin bones, the size of a sixpence, five lines in depth, almost dry, their fundus of violet-grey colour, the borders hard. Poultices of gum arabic with flour and saffron applied warm every half hour gave him some relief after forty-eight hours. I now applied an ointment of cantharides to the sores, and after twelve hours repeated the warm poultices. On the fourth day I observed a diminution of the pains and a commencement of cleansing of the sores. He recovered after suitable treatment.

Any one who is acquainted with the slow action of lead and its astringent properties, the persistency of which is surpassed by no substance on earth, must be aware of the hurtfulness of lead remedies in old sores, and can easily understand how they can also cause lead colic.

I have spoken above of the improper use of a number of alterative and purgative remedies commonly employed in the treatment of old sores. If these remedies had not such a reputation in the treatment of such diseases in the

eyes of all rational and irrational people, I would not mention them but pass them over in silence, just as I forbear to allude to the undeniably hurtful and senseless remedies—every sensible person would leave them alone. But remedies which are so universally esteemed and whose injurious character is only perceived by the impartial observer, must be exposed in order that their reputation may not blind us to their evil effects.

In the category of highly praised but doubtful remedies I place the internal use of corrosive sublimate for old sores. This remedy, so powerful to alter the juices and to remove obstructions in the fine vessels and glands, has been very much abused in recent times. If we employ this remedy in debilitated bodies filled with slimy, acrid and evil humours, where there are bad, old sores, we shall not only fail to effect our object, but by persisting in its administration we shall still further deteriorate the juices and render them more acrid and more disposed to putridity. Patients also who are weak, with acrid juices and dry fibres, cannot tolerate it, less indeed than the former ones. Under its use the patient grows weaker, the tone of his fibres is still further relaxed, and at the termination of the treatment the patient is more emaciated and cachectic, without any improvement in his sores, indeed they are often in a much worse state than before.

These observations are recommended to the consideration of those who attempt to effect everything by internal so-called blood-purifying remedies, who expect to improve the juices and to cure old sores by means of them.

Among other cases I saw a woman of about thirty years of age, in whom the administration of this remedy caused an improvement in the ichorous discharge of her malignant ulcer only when a stronger dose than usual caused a commencement of salivation; then laudable pus was discharged. But as the doctor did not consider this as wholesome—had it been desirable he might have obtained it in a shorter and better way—this improvement of the sore gradually disappeared as the salivation went off.

Swieten taught us the receipt for this remedy and indi-

cated the diseases for which it was beneficial. But how infinitely various are the cases occurring in practice, in which exceptions to the teachings of our text-books are met with, and in which we must esteem ourselves fortunate if we discover their fallacy in time.

The humours are very much dissolved by the internal use of corrosive sublimate, and, when slimy, watery juices are in excess, the body is disposed to dropsical swellings; when acrid bile is in excess, to emaciation; when the lungs are inclined to ulceration, to phthisis. The gums are to a great extent destroyed.

In cases of moderate deterioration of the humours, where it is proposed to administer corrosive sublimate, there are other remedies which are not only much preferable, but which do not injuriously affect the body, they are better borne—in the long run corrosive sublimate disagrees with almost all patients—and act more powerfully; for where there is great deterioration of the juices, and large foul sores, corrosive sublimate is of no use and its employment wastes time and forces that might be given to the administration of more certain and more powerful remedies. The only exception to this is in cases where the deterioration of the humours is of moderate degree and the sore is of venereal origin, here it often effects more than other remedies. It is however utterly contra-indicated when the malady is in the slightest beyond the moderate degree.

I would not insist on this in opposition to the assertions of so many partisans of corrosive sublimate, were it not that I am borne out by multiplied experience on this subject.

VI. *Hemlock.*

Neither have I seen anything particularly favourable to the internal employment of hemlock (*Conium Maculatum*) in these cases. Deterioration of the fluids, a mild fever and weakening of the body are its effects according to my few observations; effects which may be of use in other cases, but in the cases under consideration, are only serviceable where scrofulous degeneration of the humours lies at the

root of the old sore. Indeed, I may say *en passant* I have observed extraordinary good results from its internal and especially from its external employment in indurated glands.

VII. *Decoctions of medicinal woods.*

I do not deny the good effects of resinous woods and roots on the lymphatic vessels.

Sudden degeneration of the humours, where the powers are not entirely destroyed, as is often the case in syphilis and scabies, may often be ameliorated by the employment of guaiac, sarsaparilla and saponaria root, for to these I give the preference over others, seeing that lobelia and ceanothus cannot yet be generally obtained, but it would appear that they offer great advantages.

But a profoundly enracinated malignity of the humours combined with great debility can never be removed by their sole use.

We are, it is true, unable to explain their mode of action, but the profuse flow of urine and the tendency to perspirations they excite, lead us to infer that a quantity of good and bad humours may be purged away if they are suitably associated in the body and if they are sufficiently subtle and penetrating. Hence their employment is best borne, and the greatest benefit is obtained from them by a strong, robust and plethoric subject. But such subjects are by far the rarest of those who are afflicted with old foul sores. Delicate cachectic individuals, especially those with dry fibres, whose humours are greatly deteriorated, are more injured than benefited by them.

I consider phellandrium aquaticum as belonging to this kind of blood purifiers; it can be of service only in suitable cases, and it is greatly over-estimated.

VIII. *Saltpetre.*

For the same reason saltpetre which has been so highly praised by Rowley for old sores can be of much use in few, may be slightly beneficial in more, but will do a good deal

of harm in most cases. Everybody can see how frequently it must be injurious in debilitated subjects with degenerated humours, since it evidently soon brings down the strength. It absorbs the natural heat and by reason of this cooling effect and of its being a very soluble salt it acts powerfully on the urinary passages, and excites the kidneys to excrete a large quantity of nutritious juices which are so indispensable to the patient.

Is there any natural or artificial product that will only eliminate the bad humours, without at the same time removing the good ones, or are there only names for the various deteriorations of the humours? Is there a true alkaline or saline character of the humours, and what becomes of the others? What is the virus of scabies, of lepra, of eczema, of smallpox, of measles, of plague, of syphilis, of cancer, of spina ventosa, of scurvy, of miliary rash, of ague? Are not the matters of these diseases all different? But where and what are the limits?

As we know nothing about these things, centuries must elapse before we can hope to discover real remedies for improving the humours. We must adopt other ways of curing, which shall conduct us to our goal by sure paths.

Nature is extremely simple in the means she adopts for attaining her object. If the powers of the body preponderate in cases of sores, all we have to do is to remove the obstacles to the cure, and nature performs her work.

We shall be able to prevent the occurrence of sores in many cases if we combat in a suitable manner in their initiatory stage certain disorders of the body which may become the exciting causes of foul sores. I shall enumerate a few of these in their order.

IX. *Recent wounds without loss of substance.*

In recent wounds without loss of substance or contusion, all we have to do is to prevent inflammation of the wounded and consequently irritated parts, by free bleeding from the wound, venesection and bathing with demulcent and roborant remedies, limewater, wine, &c., by removing the exuded blood or foreign substances that may have got into

the wounds, giving the part perfect rest, and bringing the edges of the wound together by means of suitable bandages; by these means the fibres will reunite by the coagulation of the exuding serum and lymph. The cabinet maker washes out his wound with cold water, glues it together, and it heals.

But is this the ordinary treatment of this kind of wounds? Thousands of domestic remedies of which one is more hurtful than the other, salves, plasters and charpie, and so-called styptics must first irritate the parts, heat them and hinder their exhalations, matter must be formed, and a quantity of the healthy flesh be destroyed, until at last nature intervenes and forms a cicatrix, if we do not go on interfering too much with her wholesome operations.

X. *Bruises.*

Small bruises are dispersed by Venice soap dissolved in sweet spirits of nitre, alcohol, &c.; larger bruises must be treated in this way: the inflamed parts are to be bathed with emollient fomentations, the effused blood let out by an incision, and the lacerated, contused muscular fibres have their tone restored by roborant fomentations, otherwise termed vulnerary and arquebusade waters. Oil of vitriol and alcohol diluted with a decoction of aromatic, bitter, and astringent plants serve the purpose, and cold water suffices. Venesection and the administration of diluent drinks and vegetable diet diminish the violence of the fever that comes on, which nature sets up designedly in order to produce suppuration and the dispersion of the congested fluids. In such cases the common folk resort indiscriminately to domestic remedies, brandy, &c., or they allow the parts to hang down, whereby the most dangerous consequences, such as excessive suppuration, œdema, and mortification ensue.

XI. *Burns.*

When the burns are inconsiderable, cold water or saturnine lotions, but when they penetrate more profoundly and destroy important parts, emollient fomentations suffice; the

supervening suppuration is to be treated like wounds with loss of substance. The mixtures usually employed by non-medical persons in burns are well known and are infinite in number.

XII. *Wounds with loss of substance.*

Wounds of this kind are mostly combined with contusion or laceration of the fibres. Swelling, inflammation, accumulation and congestion of the fluids in the irritated and lacerated vessels must be relaxed by emollient fomentations, the orifices of the vessels opened and strengthened by digestives without fatty substances, in order to allow nature to throw off the useless dead parts by suppuration. The fever is to be allayed as above, and in cases where it is more violent by bark, but it should not be entirely suppressed. When the suppuration is in full operation, and clean fresh granulations appear, nature is aided in completing the cure by compresses of roborant and astringent remedies.

What a large number of ointments under the most promising names are here employed, which do harm partly by the character of their ingredients, partly by their acridity and rancidity, partly by stopping up and relaxing the orifices of the vessels through which the pus should be discharged; hence their employment is attended by the formation of a quantity of proud flesh. Moreover, the fluids that come through in spite of these applications are dammed up by them, and acquire a corrosive putridity. Plasters, without which few of such wounds are treated, palpably hinder the exit of the exhalations and allow no moisture to exude, hence swelling and increased inflammation with all their disastrous consequences. Everyone can see that pads and compresses of dry charpie irritate and inflame wounds, and that they absorb very little pus with which they form a hard crust, which then absorbs no more pus and does not allow it to pass through. They are useful when the matter is thin and watery or of other similar character.

How simply nature goes to work in curing wounds, and we hinder her by an infinity of complicated mixtures,

just as the fashionable mother by means of thousands of Parisian inventions destroys the pure skin, the graceful growth, and the health of her children.

Were recent wounds treated properly two thirds of the old sores would disappear. Pity it is that this department of the healing art is, particularly in Germany, entrusted to hands whose youthful education is considered perfect when they are taught how to handle the razor, the lancet, and the cupping-glass. Few and expensive are the institutions for their education, few avail themselves or can avail themselves of them, and when arrived at man's estate they see through the glamour of trade prejudices the evils of their neglected instruction. Without the help afforded by a clear head, a youthful study of languages, anatomy, physiology, &c., they resort to the first German manual that comes to hand, and under its guidance grope about in the dark, unless mother-wit and a benevolent hand rescue them from their intellectual fog. Of a truth if this be not the explanation of the unsuitable, injudicious treatments of most local diseases of the surface of the body, I know of none other. And does any other department of the medical art seem to merit the character of trustworthiness more than surgery? And yet if we cast a transient glance over the sphere of internal medication, we must confess that physicians, notwithstanding the obscurity that reigns over the diseases they have to treat, have attained much nearer to certainty than those who can form their judgment with open eyes respecting the action of the remedies they employ, respecting the injuries of the body and the abnormalities which they may, as it were, grasp with their hands. Objective obscurity in the medical art is apparently greater than subjective among our ordinary surgeons. The love I have for my fellow creatures is my excuse for this digression.

There are no injuries which, in spite of the greatest efforts, go to the bad, become bigger and bigger, more and more unclean, unless by the fault of the surgeon. Unless this is the case then the fault must lie with the patient's constitution. These small recent wounds must, on account

of their obstinacy, be treated betimes like old sores, the system must be at once improved and strengthened in the manner indicated below, when I come to consider the treatment of old foul abscess.

XIII. *Erysipelas.*

Erysipelas occurs when the nervous system is irritated by excess and morbid constitution of the bile, whereby the exhalations are hindered and the materies morbi determined to the weakest and most sensitive part. The administration of vegetable acids and diluent drinks to promote warm transudation, besides the internal use of emetics and appropriate friction on the surrounding parts, together with cold baths, ought to disperse all cases of erysipelas, and the exhibition of roborant remedies ought to banish it for ever. In contrast with this, how absurd is the ordinary treatment with a number of superstitious domestic appliances and the suppression of the erysipelas by dry preparations of lead mixed with rye-meal, &c.

This inflammation should not be regarded as unimportant, but its treatment should be immediately entrusted to a competent physician. If that were done we should see a much smaller number of old sores.

XIV. *Varicose Veins.*

By avoiding a sedentary mode of life, or excessive exertion and tight-lacing by means of corsets, tight garters, &c., we should meet with much fewer over-distended veins in pregnant women and others. If varicose veins are already present they might soon be removed if, soon after their appearance, they were treated with cold alum baths and bandages applied as high as the knee.

XV. *Green sickness.*

Young girls who are careless about their menses, that wholesome evacuation provided by nature, should be enjoined to be more careful.

Next to nourishment, exercise is what is most important for the animal machine, by it the clockwork is wound up.

These delicate creatures should not be confined to needlework, nor allowed to loiter over the toilet table, to play cards, to pay tedious visits or to read enervating books, whereby they would be reduced to the condition of colourless plants grown in a cellar. Exercise and wholesome air alone suffice to determine all the juices of our body to their proper place, compel the excretory organs to throw off their accumulated moisture, give strength to the muscles, communicate to the blood its highest degree of redness, attenuate the humours so that they can readily penetrate the remotest capillary vessels, strengthen the heart's beats, establish healthy digestion, and are the best means for obtaining repose and sleep whereby refreshment and renewal of the vital spirits are secured. How can a sufficiency of healthy female blood and its monthly discharge be procured without exercise and enjoyment of wholesome air? The fashionable dress of women that constricts the blood-vessels of the abdomen, is a potent and oft denounced cause of suppression of the menses.

But the food indulged in by women, a quantity of warm, relaxing, exciting drinks, such as coffee and tea, develop no small number of spasmodic nervous states, sure obstacles to the monthly discharge.

The mode of life of our young women furnishes many more causes for this disease, of which I shall only mention the kind of reading now in fashion, which, besides compelling a sedentary mode of life, excites unnatural passions, which exhaust all the youthful strength of the nerves or bring about a desperate corporeal debility, which neither a moral sense nor a regulated diet can eliminate out of their over-wrought nerves. Formerly the vapours were produced by tea, now they come from coffee and indulgence in sentimentality. I can suggest no other remedy to banish this plague that stalks in darkness than the strict enforcement of quarantine.

I need not speak of excess in furious dancing, its injurious effects are well known. It is bad enough that many almost unavoidable causes conduce to derange the regularity of the menses in our country girls—over-exertion and catching cold are some of them.

Avoidance of all these hindrances to the menstrual flux and suitable treatment of this not unimportant disease would spare us many old sores.

Strengthening remedies, internal and external, venesections performed at the proper time, if the malady has not gone too far, and direction of the blood towards the abdomen are, in brief, the things generally required, besides others that belong to the province of the rational physician, such as purgatives, iron, antimony, saffron, opium and electricity. Heating and exciting medicines should be shunned like poison.

XVI. *Metastasis of materies morbi.*

If I wished to speak of the proper treatment of metastasis of morbid humours to the surface of the body, I should have to wander far afield in the sphere of practical medicine, and that I am unwilling to do.

Abscesses, boils, and swelling are the forms under which nature evacuates evil humours remaining after diseases, and they often do much injury. To encounter them at their onset, and to cure the diseases radically, is all the advice I have to offer on this subject.

If abscesses are formed they must be opened as soon as possible and at first dressed with stimulating remedies, but œdematous swellings must be combated with internal and external strengthening treatment.

XVII. *Other causes.*

All kinds of debilitating modes of life, excess in warm and heating drinks, too nutritious food in excessive quantity, hot rooms, deprivation of wholesome air, too prolonged sleep, sitting up late at night, exhausting passions, grief, anger, amorous folly, excessive head work, want of exercise, frequent evacuations, especially by purgatives and venesection, &c., are very frequent causes of deteriorated humours and chronic ulcers which must be treated by changing the mode of life.

I refrain from enumerating the other causes of the production of chronic ulcers and foul sores; partly because they are innumerable, partly because they are too well known to require any further mention.

I shall therefore proceed to consider their treatment and cure, and this I shall do with all the greater brevity by confining myself within reasonable limits.

XVIII. *Description of a chronic ulcer.*

When a sore has got to such a length, that instead of discharging a laudable, yellowish, mild pus of ordinary odour, it exudes a more or less fœtid, acrid, blood-tinged ichor, which causes prickling and new pustules in the surrounding skin over which it runs; when the edges of the sore are whitish, hard, insensible, raised, and even suppurating, when the surface of the sore is discoloured, particularly where it is of a greyish, brown, violet colour, in appearance like putrid lard, either burrowing deeply beneath the borders or here and there studded with whitish, spongy, insensible granulations, which discharge only a serous fluid; when the pains are deeply seated in the sore and very violent round about it, and have the character of prickling tearing, worse at night, and the surrounding violet-coloured, nodulated, indurated swelling increases; when the complexion becomes sallow or brownish yellow, loses its healthy redness, and the white of the eye becomes discoloured; when the sore occasionally erodes wider around, and sloughs destroy the good flesh more and more; when, finally, all small injuries of the body tend to take on an unhealthy action, ulcerate, and are difficult to heal, we are then certain that the sore has become of a malignant character, more or less, according as the indicated symptoms are of greater or less degree and are present in greater or smaller number. Some may have existed only for a few weeks, some may be twenty and more years old, some are not above one line in diameter, others may be six or more inches broad. The difficulty, or it may be the impossibility, of curing an old ulcer depends upon the

length of time of its continuance, the size and malignity of the sore, the badness of the constitution of the body and its humours, the poverty, the waywardness, the age and other circumstances of the patient which I could not detail without becoming too prolix.

XIX. *Treatment of chronic ulcers by blood-purifying remedies.*

It is only when the ulcer is not too old and the system has sufficient, I might almost say superabundant strength—which is seldom the case when the physician is called in—it is only then that I prescribe a strong decoction of guaiac wood and saponaria root or dandelion (*lignum guaiacum, radix saponariæ, taraxaci*), or may be *phellandrium aquaticum*, either each separately or under certain circumstances in combination. I have this potion boiled down till it is as strong and brown as beer, and make the patient take of it every morning for a fortnight, half a pint to a pint, cold, and at the same time take as much exercise as possible, and perhaps, though rarely, give him once a week twenty to seventy grains of jalap-root as a purgative, if this decoction does not act as a laxative. Besides this I make him take every day five to ten grains of crude antimony in powder.

This I consider the best blood-purifying treatment, which has never failed to produce an effect in cases for which it is indicated.

XX. *Change of diet, air, and other external circumstances, as frequently efficacious remedies in the treatment of old sores.*

Unwholesome, marshy localities often produce agues and old ulcers as it were endemically; removal from them often suffices to effect a cure. Also merely changing from one locality to another, though the former may not be particularly unwholesome or the latter obviously preferable, will often bring about changes in the constitution, which may

be the immediate cause of a cure, if we at the same time take care to enjoin the necessary amount of exercise. A sea voyage is also advisable; this gives a complete change of air and mode of life, and the unaccustomed violent motion is a powerful adjuvant to the cure. If we can persuade a patient to live for some time on a few kinds of vegetables and water or milk whey in place of any other nourishment, we shall do more to effect a complete alteration in the economy of his body and do him more good by this change of life than by the absolute wholesomeness of these things. On this account they have often been of immense service in the treatment of chronic diseases and old ulcers. This is often the cause of the good effects of a fashionable watering place. The change from a busy restless mode of life to a quiet or quite different one, has often been of great service in such cases, as when the fisherman becomes a night-watchman, the wheel-barrow driver a letter-carrier, or the washerwoman a sick nurse. The changes in the external circumstances of a man are so numerous, that it would be impossible to give a sketch of them. The degree of the change in the circumstances, their nature, and the susceptibility of the body for them, allow us to infer the changes that may be produced in its health. This would be a fruitful field for the intelligent practical physician, and it is one that has been hitherto but little cultivated.

XXI. *Introduction to the strengthening treatment.*

Though I am far from denying the powers of the above blood-purifying remedies for the cure of old sores and for improving the humours, yet the cases are few in which we can rely upon them. I believe I have already shown, and experience teaches, that there are no specific humour-improving medicines, and that all the means adopted for eliminating the humours of the body, by diaphoretics, diuretics, purgatives, sialagogues, venesections and the like, diminish the good as well as the bad humours, consequently weaken the body, the only difference among them being that some remove the finer, others the grosser

humours, some in larger quantities than others, some weaken more than others, &c. Only salivation expels such a quantity of viscid humours from the vessels without causing a proportionately great weakening of the body, at least the patient soon recovers from its effects. Now, taking for granted the general properties of the evacuant remedies in such cases, the badness of the humours diminishes almost *pari passu* with the diminution of the strength, and the former cannot take place without the latter—the only exception being a slight degree of syphilis—it follows, as a matter of course, that the debilitating so-called humour-purifying remedies in such cases of degeneration of the humours which is always present in chronic ulcers, are decidedly contraindicated and must do more harm than good. Proofs of this are afforded by almost all the ordinary methods of treating malignant sores, where the only object is to improve the body by blood-purifying remedies, the strength is diminished, the sore becomes aggravated, and a cure is much less hopeful than before the employment of the methodical blood-purifying treatment. The best external treatment of the sore can never display its beneficial effects unless the general condition of the body is properly attended to.

In such patients, who are necessarily delicate or debilitated by indulgence in their passions, by pains, by a sedentary life, by degeneration of their humours or by other circumstances and who want to get rid of an old ulcer, I at once adopt, as the only way of doing them good, the *strengthening treatment*, and persist with it until a cure is effected.

XXII. *Generalities of the strengthening treatment.*

Strengthening diet, wholesome air and exercise, together with amusement to the mind, are indispensable, and everyone knows their power and can employ them. Nourishment suited to the body in appropriate quantity is the only thing required to ensure healthy digestion and to eliminate the bad juices from the primæ viæ; exercise promotes the

appetite, strengthens the digestion, and better than all purgatives expels the excess of evil humours by the natural outlets of the body, every movement of the limbs conduces to the strengthening of the circulation of the blood and to the completeness of the assimilation of the nutritive fluids —there can be no health without exercise.

Where is the remedy that can more agreeably and more certainly remove the decomposing ferment in our blood-vessels that always tends to destroy our machine than pure air? With every breath we draw a quantity of it into our lungs, its purest etherial part, the source of our corporeal heat, penetrates by means of the exhalent vessels of the innumerable arteries of these organs into the mass of the blood and expels the unwholesome spoilt air, the air we expire. It is only in the pure open air that we feel refreshed by breathing; in cellars and close rooms full of living creatures we become weak, faint and die, often in a few hours, if the air is much spoilt by the breath of many persons. These different effects of the air we breathe convince us that life and health are not to be expected without pure air.

The plainest food agrees when the mind is cheerful, the rarest dainties are poison to the stomach of the sorrowful. The number of the oldest in a country is at the same time the number of the most contented of its inhabitants. Grief, on the other hand, is the most certain curtailer of life. Such being the case, we should insist on cheerfulness of spirits, and endeavour to secure it, even at the sacrifice of the greatest advantages, if we would improve the bad humours of our patients.

The only medicines adapted for my strengthening treatment that I employ are aromatic, bitter and astringent substances.

The spur and whip do not increase the powers of the working horse, neither does mustard constitute digestion. But like the spur, the internal administration of spices assists the sinking powers to accomplish good results and to promote digestion and assimilation.

We do not know precisely the mode of action of bitter

plants, perhaps they act by stimulation and contraction, maybe also in other ways, but their good effects are obvious. They are the most trustworthy tonics.

Astringent substances strengthen even the dead fibres, the connexion of the parts of a raw skin and of a tanned skin is very different. They are of various kinds. Vegetable substances are most suitable for our body, then come cold, cold water, &c., next the earthy and metallic astringent salts, alum, iron, and oxyde of zinc, which by the action of the gastric juice are converted into astringent salts, and lastly there are the mineral acids, especially sulphuric acid.

Among the spirituous strengthening remedies the most advantageous is pure wine. Distilled spirits dry up the muscular fibres too much, inspissate the animal mucus, dull the nervous spirits and diminish the irritability so essential to animal life.

XXIII. *Practice of the strengthening treatment.*

Diet.—When I prescribe the regimen required for patients with old ulcers, I generally divide them into the two temperaments recognised by the medical art, those in whom the fibres are dry and stiff, in whom the bile is more acrid and fiery, and in whom the muscles are particularly irritable; I call this the choleric temperament to distinguish it from those persons whose full-blooded indolent bodies develop colder, less concocted and watery bile, and whose fibres are more lax and less irritable. The highest degrees of these two temperaments are sufficiently apparent, their extreme dissimilarity is undeniable, but when the two are mixed and begin to run into one another, a more practised eye is required to perceive which of the two is pre-eminent. In such cases, however, a middle course in the medical treatment suffices, but, on the other hand, a failure to distinguish the highest degree of one of these temperaments from the other in practice is punished by disastrous results.

For the first, the choleric temperament, I prescribe small quantities of acid wines, such as those produced by northern countries, Rhine wine, Austrian, Franconian, and

our country wines, not much animal and highly-seasoned food, more acid and sweet vegetables, fruit and milk in large proportion; malt beer of good strength should be their usual drink.

For patients of phlegmatic temperament I prescribe strong French wine, but such as has not been fortified or adulterated with spirit, I allow them to take a sufficiency of home and foreign spices with good animal food and nutritious vegetables; fruit, milk, and sour and sweet things they are seldom allowed to take, and then only by way of relish, as they are only too disposed to produce acidity which impedes their digestion. Their drink should be bitter lager beer.

For patients of mixed temperament I endeavour to find an intermediate diet, which is easily accomplished.

I prohibit to all flatulent vegetables, such as peas, lentils, dry beans of all kinds, white cabbage, onions, potatoes, Jerusalem artichokes, roots of all kinds.

From time to time, and as the strength increases and the health improves, I increase the modest allowance of wine, and I do not think that the chronic indurated inflammatory swelling which generally is observed round the old ulcer is a reason for withholding it.

I never allow these patients to eat pork, and seldom permit the phlegmatic to partake of roast goose or duck. I prohibit to all temperaments too fat food, and their vegetables and stews should not be swimming in grease. Foreign dainties, dried fish, salt and smoked ling and cod, oysters, &c., I forbid. I let the phlegmatic take salted meat and old cheese.

I warn all against excesses in eating and drinking, and enjoin moderation in all things.

Air.—I try in every way to get patients to be very much in the open air at all seasons of the year. This is one of the most important rules of the treatment, and I endeavour to enforce it whenever possible, even at night and in all sorts of weather, not unmindful, however, of Hippocrates' injunction to adopt extreme changes of habits only gradually and slowly.

The vivifying spirit of the animal juices, dephlogisticated

air (oxygen), cannot be restored to close rooms by any fumigations so usually resorted to by their sickly occupants. For the cure of old ulcers a constant renewal of the atmosphere is indispensably necessary.

Walking exercise may be taken even during the greatest cold of winter, and it gets its reward in the increased activity of the bodily functions it produces.

The room in which the patient lives in winter should never be heated above 65° or 67° Fahrenheit, and should be thoroughly aired for half an hour every morning and evening.

A morning and afternoon walk, and a room with a northern aspect looking into a garden, are most appropriate for the hot season.

The sitting-room should be lofty.

Exercise.—Exercise is essential for maintaining the bodily health. By it alone can the spring of the animal machine be wound up; my patients must take plenty of exercise.

I know very well that old sores seem to improve by rest, but this dubious advantage must not be obtained by weakening the body generally, and by a deterioration of the juices. Cicatrization obtained by long-continued rest, seems to me like the dry earth crust with which summer covers the fathomless morass; it can bear trifling weights, but the ploughing ox sinks through it. The slightest thing causes such cicatrices to burst out and to form worse sores, because the body and the cicatrix were both equally weak.

In my strengthening treatment of old ulcers, which I adopt in all cases, exercise is a chief ingredient.

Only in old sores of venereal origin, or when the body retains sufficient strength and has hitherto been in full exercise, and when I employ mercurial treatment internally and externally until the production of salivation, is it requisite that, during this heroic treatment, the body should be at perfect rest. But in such cases, always before or after the salivation, or at both periods, I employ my strengthening treatment, without which I have never been able to do much good.

Drives in easy carriages and by and by in such as have

a rougher motion, and afterwards riding on horseback, may be ordered for wealthy patients, manual labour and walking exercise for those not in easy circumstances. But the degree of exercise must in every case be carefully adapted to the exigencies of the patient. Even sores on the legs in delicate subjects bear walking exercise better than manual labour. Exercise should never be pushed so as to cause exhaustion, but neither should it be so mild as to allow the patient to get chilled. In warm weather I at first only permit exercise in sheltered localities, but afterwards I allow it to be taken morning and afternoon in dry open situations. As a rule, I go on increasing the amount of exercise, regulating it by the increasing strength of the patient. But as all human exertion without recreation is merely exhausting labour and does not give that refreshment which is an essential element in the exercises of the patient, I never allow the former to be taken without.

Amusement and pleasure.—I do not approve of solitary forced labour and exercise. Consequently, I always endeavour, whenever possible, to bring my patients into a state of disposition free from care and worry, whereby alone, as I believe, the wearing friction which the mind and body exercise on one another in our organism may be lessened.

Varied, agreeable society, with occasional music, is the best thing for cheering the human soul that is not depressed to the condition of an insensible lump, and even should we meet with persons sunk so low among our patients, they must at first be forced to go into society, just as we force the child to swallow the healing draught. They should even accustom themselves to social converse at the sacrifice of more remunerative occupations, until they acquire a taste for it, especially when morality, temperance, and exercise can be combined with it. How else can we get rid of care or acquire a hopeful view of life except amid a happy throng of our like-minded fellow creatures, amongst whom we can cast off the burdens of life, and mutually bestrew our paths with flowers.

The strictest cleanliness in dress and in the whole mode of life must be maintained, along with exercise, open air, and

recreation. Cleanliness is the spice of all the operations of life, and without it the most costly dainties and the finest clothes excite only disgust.

But now I must say a few words respecting the mode of treatment properly so called.

XXIV. *External strengthening treatment.*

If there be one universally healing medicine, it is undoubtedly water. I cannot cure, that is, permanently cure, my patients suffering from old ulcers without the cold bath. The mere cold seems to be not only a strengthening and astringent remedy but in such cases to act as an antiseptic.

The curative power of cold can in no other way be so locally applied as by means of cold baths, whereby the whole scale of temperature may be employed without any bad effects and without expense.

On whatever part of the body the sore may be I at first employ water at a temperature of 50° Fahr. as a foot-bath just above the ankles, every evening before going to bed for six minutes, the water being kept in constant agitation. This is the slightest degree of the strengthening bath, which is serviceable and not disagreeable to even extremely debilitated patients. I go on increasing the power of the bath, even when the ulcer is on the leg. Thus, as the strength of the patient and the appearance of the sore improve, I gradually come to give a whole bath for a quarter of an hour as often as three times a day: in the morning before breakfast, two hours after the midday meal, and half an hour before bedtime, lowering the temperature of the water to 40°, 30°, and even 20° Fahrenheit.* These are the greatest degrees of cold.

As such accuracy can never be obtained in baths not of flowing water, I must say, once for all, that the coldness of the bath must be kept always uniform by constant agitation

* *Nonnunquam bonus dormitat Hahnemannus!* As ordinary water is solid ice at the temperature of 30° and 20° Fahrenheit, we fear the patient would find this treatment was more stiffening than strengthening.

of the water, and even the quantity of water required for this purpose must be not inconsiderable if the house bath is to have all the advantages of a river bath.

The degree of coldness of the bath and of the exercise of the body must be proportioned to the increasing strength.

When we prescribe such a bath treatment, the increase of degree takes place so gradually that even the weakest body is able to attain the highest degree without the slightest shock to its feelings, if the physician gives precise directions and the patient follows them punctually.

I can never cease to marvel how our most eminent physicians, when prescribing a strengthening treatment, have been so remiss in laying down precise directions for the use of the cold bath. They content themselves with telling the patient to take a half or a whole bath in the morning and sometimes also in the afternoon. No word respecting the degree of temperature of the water, the exact duration of the bath, and the other particulars concerning it so necessary for the patient to know. We cease to wonder that injury to the health is often caused by cold baths, when we consider how very improperly the cold water may often be used when the physician gives such meagre, maimed and laconic directions respecting its use.

If a weak, delicate patient remains for hours in snow water, in order to comply heroically with the loose directions of his eminent physician, it is probable that he will be taken out of it in a fainting state, doubled up with convulsions, struck down by apoplexy, or chilled into a low fever, or perhaps stiff and stark dead. Can we find fault with the useful knife with which the infant wounded itself? should we not rather blame the negligence of its nurse? In our directions for the use of powerful remedies we cannot be too precise and explicit; patients are only too apt to err on the side of doing less rather than more than we prescribe.

This want of precision on the part of physicians is the cause of the great prejudice against cold water; we meet great numbers of people who regard the cold bath as the most pernicious weapon in the medical armamentarium, who

dread it more than death. But the rank and file of medical practitioners who slavishly imitate their betters have brought the cold bath into disrepute by their senseless ways of carrying out the careless prescriptions of our Hippocrateses. The patient is compelled to get all at once into a cold bath and remain there perhaps for a whole hour. In order to moderate the pain caused by the penetrating cold, he is obliged to remain quite still. After the lapse of a quarter of an hour, after he has expended much of his strength in resisting the cold of such a large quantity of water, the water immediately surrounding his body becomes tepid. He remains quite still in order, as he supposes, to recover himself and to restore in the warm-water atmosphere the strength he has expended in warming it. This warmed water now acts like a tepid bath and deprives him completely of a portion of the strength still remaining to him from his endurance of the first excessive coldness of the water. He is now wrapped up in warm clothes and put in a warm bed. This last manœuvre consummates the harm wrought by such an injudicious bath. He breaks out into sweat and by twelve hours of this torture he loses 20 per cent. of the strength he had before the bath, not to speak of the spasms, the catarrh, the cough, the diarrhœa or the rheumatism which he has to suffer patiently the next day, as the inevitable disagreeable effects of his beneficial bath. He is told that it is such a pity that he was unable to endure three or four such nice strengthening baths, they would have done him such a power of good ! A very pretty, and (this is a great recommendation), a highly fashionable prescription, excellently adapted to fill the biggest cemeteries of the European watering places. I think myself lucky that I long ago discovered its character.

As my patients are only led gradually and in proportion to their increase of strength to the highest degree of cold baths as above described, it so happens that most of them on the completion of their cure will scarcely leave off the use of cold baths. Prescribed as I have indicated, I do not see their use followed by a chill, but they rather

induce a continuous transpiration and in most patients the strength increases day by day, for I do not abstract more warmth from the body by the cold bath than can be soon replaced by the heat of the patient's own blood. The current of the blood circulating through the body is strengthened by the uniform contraction of the muscular fibres and blood-vessels caused by the cold, just as the power of a spiral spring is increased the closer it is forced together, and all the functions of the body acquire new life.

In order to make this strengthening and contraction of the fibres as uniform as possible, in every degree of the bath I insist upon the absolute necessity of maintaining the water about the body or limb immersed in a state of constant agitation, and of employing as large a vessel as possible in order to obtain the advantages which a river-bath possesses over a chamber-bath.

I do not willingly employ river-baths until the cure is completed, when a greater or less degree of cold and a want of caution can do but little harm. As a rule I confine myself to the employment of chamber-baths, where the requisite manipulations can be performed and all the advantages of the river-bath can be secured without any of its disadvantages.

The water may either be agitated by the patient himself, if he can be trusted to do it, or an arrangement may be made to do it. The mode in which water is renewed in the cooling vessels in the process of distillation is quite applicable here. Cold water is introduced into the bottom of the bath by means of a pipe, as much flows off through a waste pipe at the upper part of the bath. As warm water is lighter than cold, the water heated by the heat of the body runs off spontaneously.

I may observe for the benefit of persons who are obliged to practise economy, that a pretty large bathing tub and agitation of the water will do quite well.

For quite poor people who know not how to determine the temperature accurately, and otherwise have few conveniences, I have a very simple method. The degrees of

immersion together with the degrees of the duration are the sole guides to the increase of the bath. My prescription is to use water drawn from a very deep well, to make the bath so-and-so deep, to repeat the immersion so-and-so often and continue it so-and-so long, in summer and in winter alike. I increase these elements of the bath from time to time as the patient's strength improves. They cannot make any mistake here, the directions are so simple, and they are almost as well off as their richer neighbours who can afford to carry out the more precise and expensive prescriptions.

The coldest water which even well-to-do persons can get in summer is that which is drawn from wells thirty and more feet deep and is not colder than about 52° Fahr. The expense therefore has to be incurred of lowering its temperature by means of ice from ice-pits. But the coldest well-water will suffice for any one, when the treatment takes place in summer, as the inferior degree of cold can be compensated by more frequent or longer continued bathing and varying the depth of immersion.

Any one who can afford it may increase the strength of his cold bath to a great degree, especially for the purpose of the strengthening after-treatment. Iron is the ordinary remedy whereby nature and art increase the strength of the water. People travel hundreds of miles to springs containing iron. If they do so mainly to get the benefit of the strength communicated to the water by the iron salt dissolved in it, this is to incur needless expense, for a small quantity of sulphate of iron, *e.g.* one pound dissolved in thirty-eight gallons of water, possesses all the strength of the best chalybeate springs for external use, and it has also this great advantage that it is always and everywhere ready to hand. An advantage which is vastly greater than that of those fashionable baths where one comes in contact with the most dissipated society and is tempted to indulge in the luxurious feeding that goes on there. I am far from underrating the advantages incident to change of scene, the exercise obtained when travelling, and the country amusements of the watering-places themselves; they are

no doubt considerable, but they may be often obtained otherwise than by resorting to these expensive places.

The only artificial chalybeate baths which are now employed publicly on a large scale, are the granulated baths which have recently become so celebrated. In the Harz mountains, where iron melted in great furnaces is for various purposes cooled when in a molten state, the water employed for cooling it has gained a great reputation, as though it were something novel and unheard of that iron cooled in water furnishes a strengthening bath. From time immemorial such water has been used for this purpose, and the water used for cooling iron in the smithy is an ordinary strengthening domestic remedy in many countries. I do not advise anyone to refrain from using such water for our purpose, only it must be employed cold and in sufficient quantity and in the manner above described.

The cleanest and at the same time the cheapest of strengthening baths, which I should like to see more frequently employed than has hitherto been the case, is a cold alum bath. One pound of alum dissolved in twelve gallons of cold water, more or less, is all that is required for a strengthening cleanly bath. If the ulcer is occasionally washed with this, it is more beneficial than otherwise, especially where the sore is granulating and not too large. In some alum manufactories, I have seen the most obstinate ulcers and swellings of the workpeople heal under the use of such solutions of alum.

But, as before said, iron and alum baths are more suited for the strengthening after-treatment than for the cure of the ulcer itself, for it is then that their excellent tonic properties can be fully enjoyed.

I return to the consideration of the rules to be observed in the employment of cold baths.

The weakness of the patient, sometimes also inclement weather, makes it absolutely necessary to take moderate exercise, both before going into the cold bath and after coming out of it; this is an incomparable means for maintaining the circulation in good order.

The heat developed in the blood by exercise can better

resist the coldness of the bath and cause a uniform contraction of the muscular fibres and blood-vessels. This advantage also is obtained, that the cold bath never causes a chill, and that we can increase the cold bath treatment more rapidly than when the patient has remained at rest and has to expose himself to the coldness of the water all at once and without preparation.

But the exercise before the bath must be so moderate that perspiration is not induced, it would be risky to enter the bath in such a state. The exercise after the bath may be still more vigorous, but it should not be pushed to the outbreak of perspiration, nor to exhaustion.

Within these limits we may anticipate numerous advantages, which cannot be obtained by any other means.

When (especially in the after-treatment) the cold bath has been gradually increased from a half to a whole bath and its coldness and duration also, I then allow my patients to take while in the water a glass or two of the wine they are in the habit of drinking. I have often seen good effects from this plan, and the reason of this will be apparent to all reflecting minds.

There is another essential point in the rules for employing the cold bath, which is intimately connected with the manœuvres above described, and on which the advantages to be derived from the agitation of the water greatly depend. I never allow a cold bath to be taken without attention to this point.

From the first slight immersion to the coldest whole bath, I make the patient rub the immersed portions of his body with woollen cloths, and all the more vigorously the nearer the time comes when he should leave the bath. The patient can do this himself, or can have it done by some one else. As soon as he leaves the bath, I cause the same parts to be rubbed for a few minutes rather more vigorously than in the bath itself with dry cloths and sometimes with cloths that have been thoroughly impregnated with aromatic and resinous substances, and then make him cover them up and take exercise for a quarter of an hour to an hour according to his strength.

If it is desired to make more rapid progress in the increase of the cold bathing, the parts to be immersed should be rubbed also before the bath is taken; by this means we shall gain advantages that cannot be obtained in any other way.

What exercise is for the whole machinery of the human body, that and even more is friction, especially with woollen cloths, for separate parts. The vital power is thereby roused, the circulation of the juices is greatly promoted and kept in order, the muscles of these parts are strengthened, and the skin is rendered more sensitive and more susceptible to the impression that the cold water will make on it; in like manner, during the process of tanning, the skins are rubbed, beaten, and fulled, in order that the astringent power of the bark may act more energetically upon them. I may be pardoned for making this comparison on account of its appropriateness. In a word, advantages are gained for our object by friction which cannot be obtained by any other means. By the employment of friction the weakest patients can take the coldest baths with excellent effects.

The friction must be extended to the parts nearest to the ulcer. This is especially the locality which requires strengthening and where obstructions of the vessels need to be resolved. It is understood, of course, that this must be done cautiously and with due care to avoid the hardly cicatrized spots, and at first it must be done very gently.

When the water comes over the sore, we can readily understand that it must be slightly covered with a bandage, partly in order that the cold of the water may not strike it too suddenly, partly in order to prevent the impurities derived from the rest of the body getting into the sore. And yet I can confidently assert that my patients have got more good than harm when they have exposed their uncovered sore to the water, but in that case the sore should not be more than three or four inches in diameter, or the water must not be very cold, otherwise it will cause much pain. But in my experience even pretty cold water applied to the largest sores has never done any harm.

In constituting the cold bath, with appropriate diet and

regimen, the chief element of the strengthening treatment, I am borne out by the most extensive experience, and I claim unlimited confidence on this point.

That even the poorest person can employ this excellent remedy easily and without more circumstantial directions than are given above, is no slight testimony to its excellence. He can take exercise before and after the bath, use frictions, and keep the water about the immersed parts in motion, just as well as the richest. He can equally well enjoy the open air, and good beer will serve his purpose as well as wine. His body which, by his mode of bringing up and his way of living, has become firmer and more nervous than the more delicate organisation of the wealthy patient, more readily assimilates the suitable food ; one half of the remedies the pampered rich man requires does all that is necessary for him, and rye-bread does as well as strong soup. Thus the treatment is quite suited for him also.

XXV. *Internal strengthening treatment.*

The universal applicability of the cold bath for strengthening the body and improving the humours in debilitated persons whose old ulcers we seek to cure, is not greater than that of the internal employment of astringent and bitter vegetable substances and of iron. Saponaria, quinine, fumitory, wormwood, centuary, gentian root, bitter orange peel, cinchona bark, cascarilla, bearberry, pomegranate bark, gall apples, are the bitter, astringent-bitter, and astringent vegetable substances; to these I may add the aromatic-astringent nutmeg, the aromatic-bitter myrrh, and the tonic aromatics cinnamon, cassia buds and calamus, from which I make a selection for the strengthening treatment. The less powerful among these I give in the form of cold infusion or decoction, the more powerful in the form of powder or tincture. A bilious temperament with dry fibre can only take aromatic and bitter medicinal substances in smaller quantities than those in whom the flesh is flabby, the fibres lax, and the humours slimy. Sulphuric acid with

astringent vegetables are the best medicines for strengthening them, or infusions of these remedies in Rhine, Moselle or Austrian wine.

The astringent tonic metals, iron and zinc, I do not give at the same time, but in the intervals when the bitter and astringent vegetable medicines are discontinued, the former in the form of metallic powder, the latter in that of oxyde.

Pure iron dissolved in sulphuric acid mixed with boiling water and precipitated by potash, and the precipitate rapidly dried in a moderate heat, is the best, and at the same time the cheapest preparation of iron æthiops; it surpasses every other in purity and excellence. If we wish to employ good iron filings for our poorer patients, we should not intrust their preparation to the locksmith or ironmonger, they mix them with copper and they cannot afford to use a pure piece of iron for their preparation, or they do not make them in a cleanly manner. We must not imagine that we can extract the pure iron from the locksmith's filings with a magnet; the particles filed off from their soldered work, which consist of a mixture of iron and copper, are also attracted by the magnet, and besides it generally happens that much fine copper dust is attached to the iron filings that are attracted by the magnet, and is brought away along with them. An ordinary consequence of want of care in the preparation of the iron filings is the production of nausea and vomiting, and these ill consequences cannot be avoided unless we prepare them ourselves, or cause them to be made under our own inspection. And yet smiths and other artificers who make the coarse sort of iron work, produce them in purity and in large quantities, though they are rather too coarse. My iron æthiops does not cost much, and by reason of its fineness, it acts more quickly and better, and is also more pleasant to take. I sometimes also give my patients the coarse iron filings dissolved in acid wine, and indeed in this matter I am guided partly by circumstances, partly by the taste of the patient.

As before said, I never give iron along with the tonic vegetable medicines, *e.g.* an infusion in wine of iron and cinchona bark, as is sometimes done. The disagreeable character of

such a potion is not inconsiderable. Besides, its action is not satisfactory, the one hinders the other and precipitates it. Therefore I discontinue the vegetable medicines when I wish to administer iron, hence I alternate them.

All the powers of zinc oxyde, which are very great and almost transcend those of iron, depend upon its solubility in the acids of the stomach, and the highly astringent salts thence resulting. I only administer the oxyde of zinc in the intervening periods, and only to patients of flabby constitutions, and with tendency to nervous diseases.

I have found a solution of alum given internally a very strengthening domestic remedy, poor people cannot get anything more excellent, if only they can put up with the taste. Alumina dried in the air, is dissolved in the stomach to a strengthening salt, and can be taken very easily.

It is easy to make a selection from the remedies above described, which shall be serviceable for richer and poorer patients.

Wormwood, gentian root, gall-apples, calamus compounded in various manners and alternated with iron-filings or alum, along with bitter beer, suffice for all the wants of poorer patients, quite as well as quassia, cinchona, cinnamon, scorzonera root, and Burgundy or Hungarian wine for the richer sort.

I may add that all internal strengthening remedies, as also the external treatment, must be gradually increased as the strength of the patient improves, and the same is true with respect to the daily allowance of wine. But as regards the latter, I cannot lay down any hard and fast rule. An old man accustomed to drink wine will be able to take a considerable quantity of wine, which would make a child quite ill.

Poor people who could not live without brandy, I never deprive of it, I frequently only diminish the quantity. I have seen alarming debility occur in persons accustomed to take brandy and wine, when I have entirely prohibited these drinks. I have also radically cured many without enforcing abstinence from strong drinks.

But when the excessive consumption of alcoholic liquors is the sole cause of deterioration of the humours, when it threatens to effect complete destruction of the health or when it has already done so, I then adopt other means which I can recommend as efficacious, if it is still possible to do good.

At first I steadily refused to undertake the treatment of the old ulcers of such patients. But when my refusal only made them all the more anxious and resolute to do and to submit to everything I considered necessary for them, I explained to them the danger they ran of becoming incurable, and even of dying a miserable death, if they did not submit to a complete change of life. I told them that the method I was about to propose was the only way to cure them; and if they firmly resolved to carry it out, I treated them in the following manner:

Poor patients accustomed to drink spirits, I allowed to take, for some weeks, their usual allowance of this pernicious liquor, but with the proviso that with every glass of brandy they should drink a tumblerful of water. At the end of this period I gradually diminished the quantity of brandy, but increased the quantity of water also very gradually, until they drank a great deal of water and very little brandy. Then if they still trusted to me for their cure, and followed my directions faithfully, I allowed them to go on in this way for some time, so that at least for half a year they practised this degree of abstinence. If their systems were still really capable of improvement, this treatment had the desired effect; nutritious food and exercise contributed to this end, and at length this strengthening treatment and suitable treatment of the sore effected a cure. As everyone knows that such patients are the most difficult to cure, it may well be believed that many of them were not cured, even by this method. The tyranny of habit, poverty, and prejudice, together with the irremediable drying up of the fibres and weakening of the nerves, were often powerful enough to cause a fatal result. But some very bad cases of this sort recovered by means of salivation and water diet.

For wine-drinkers nothing was so serviceable as water-

treatment, the gradual discontinuance of their former mode of life, exercise, agreeable distraction, and strengthening food. Finally, strengthening internal and external treatment, with appropriate treatment of the ulcer.

The strengthening mode of treatment, just described, which I consider to be universally applicable, on account of the debility usually present in persons affected with old ulcers, requires to be regulated, as circumstances limit its applicability.

A small ulcer in a young not emaciated subject, that has only recently become bad, does not require the full strengthening treatment that is necessary where the sore has lasted twenty or more years, is large and foul, and the patient's humours are generally deteriorated. But it is better to give too much of the strengthening treatment in the case of slighter ulcers, than too little in that of the bad sort. No positive rules can be laid down on this subject; the intelligent physician, who knows his business, will easily choose the most appropriate mode of treatment from the directions I have given, which comprise everything relating to the most strengthening treatment, according to my experience.

XXVI. *Other modes of treatment besides the strengthening.*

I have seldom found it necessary to employ the blood-purifying treatment mentioned above either alone or in conjunction with the strengthening treatment.

Quassia wood and phellandrium were the only remedies of this description which I have employed.

I never give purgatives except in cases of over-repletion of the *primæ viæ*, and I only order blood-letting where there is extreme full-bloodedness. But I not unfrequently employ it in cases of suppressed natural flow of blood, hæmorrhoidal and menstrual flux.

XXVII. *Salivation treatment.*

But when general degeneration of the humours is present, without excessive loss of strength, as is often the case in

advanced cases of syphilis, when, along with a plethoric, slimy state of body, and a senseless prejudice on the part of the patient against submitting to the heroic strengthening treatment, the strength was not too much reduced, but the sore was very large; where excessive indulgence in spirituous liquors had caused utter degeneration of the humours, but there was no excess of dryness or of bilious condition of the blood, and the body was not extremely emaciated and enervated; when, finally, the degeneration of the humours and the deterioration of the ulcer itself did not allow of a perfect cure even by the most strengthening treatment; then and only then did I have recourse to the salivation treatment, which must be carried out and regulated according to circumstances.

I do not allow the indiscriminate use of Swieten's solution of corrosive sublimate, as is so often done by fashionable doctors. From my own observations I can confidently assert that many patients will rather submit to a second salivation than take the solution of corrosive sublimate for any length of time. Besides having an intolerable taste, it is often quite powerless, and sometimes attended by phenomena of salivation that are very disagreeable, as they do not effect any benefit to compensate for the sufferings they cause. Ulceration and fœtor of the buccal cavity are not uncommon, and loss of the teeth is an almost inevitable consequence of a prolonged employment of corrosive sublimate.

Hence I can conscientiously recommend the direct production of salivation in cases for which it is indicated.

When, therefore, there is great deterioration of the humours of the body, and a tolerable amount of strength remaining or acquired by the strengthening treatment, especially when syphilis is at the root of the disease, and circumstances above detailed demand it, then a judicious, gradually-increased salivation, followed by a strengthening after-treatment, is certainly the most trustworthy and best thing we can do.

A powder containing two grains of calomel rubbed up with half that quantity of opium, given twice a day, I have

always found to be the best medicine for causing salivation, which I promoted, and successfully endeavoured to make innocuous by emollient compresses to the neck and mucilaginous gargles.

As soon as spongy gums, swelling of the throat and fœtor of the breath announce the commencement of salivation, I then discontinue the administration of the mercurial powder, and do not resume its use in one or two daily doses until I desire to increase the existing salivation. I prepare my mercurius dulcis by boiling calomel for one hour with three times its weight of sal ammoniac and a sufficiency of water, in order to get rid of the adherent corrosive sublimate.

The only nourishment I allow my patients to take during the treatment is a diluent drink made of vegetable mucilage (and Senegal gum suffices for this purpose), sometimes acidulated with lemon juice or vinegar. I find this produces the best results. They should be much in the open air, warmly clad, and keep their bowels open by mild aperients. Under this treatment I have never lost a patient nor seen any bad after-effects, but always obtained the greatest success.

We must regulate the degree of salivation by the dose of mercury, and not rely on the power of camphor to moderate the flow of saliva. Camphor has usually, in my experience, done exactly the opposite; I have generally found it rather promote than check salivation.

In the second number of the *Medizinische Beobachtungen*, which are published under the able superintendence of my dear friend Dr. Krebs, of Osterwik, I have indicated a reliable method of checking salivation in its first onset. Keeping the patient cool, and much in the open air, stimulating clysters, ice compresses over the whole abdomen, and mustard plasters on the back are the most efficacious things to keep within due limits the salivation that has degenerated into extensive inflammation; but I have very seldom occasion to make use of these measures.

As soon as the saliva commences to flow the ichor of the ulcer changes into laudable pus, though at first it is rather

watery. As the flow of saliva increases, the borders of the sore become soft, more like normal skin, and sink down, the floor of the ulcer rises up; small granulations appear, gradually unite with the borders, become partially cicatrized, and a bandage applied for eight hours and the employment of strengthening remedies generally close the sore, but the cicatrix only becomes firm and durable by means of a strengthening after-treatment.

It is only in the above-described cases that the salivation treatment is necessary, it is only needed and patients only require such a violent treatment demanding such great care in one case out of hundreds, but it has always proved successful in my hands when I have been compelled to resort to it.

Hitherto I have only spoken of the external and internal strengthening treatment and of the salivation treatment in cases requiring it; I must now consider the local treatment of the ulcer. Its preliminary cleansing and its subsequent strengthening are the points that are to be attended to.

XXVIII. *Treatment of the ulcer.*

In patients affected with malignant ulcers I endeavoured, while employing the internal and external strengthening treatment, first of all to change the old ichor-discharging sore into a healthy ulcer with laudable pus; this is my first surgical operation.

For this object I have seen a celebrated old shepherd obtain excellent results by covering the sore with finely powdered glass that had been heated red hot and then cooled with water. The minute sharp particles stimulated the sore to excrete more moisture, whereby the old diseased flesh was detached. This soon made the sore very sensitive and clean, and by continuing this treatment it discharged laudable pus.

There is in this empirical remedy no chemical acridity to cause any evil effects, it acts simply mechanically, and the object aimed at is attained.

Only it is impossible to prevent some of this irritating

remedy getting on to healthy parts, and there causing unnecessary pain, which might be avoided by the employment of a corrosive fluid.

XXIX. *Solution of corrosive sublimate.*

The solution of corrosive sublimate has been of inestimable service to me in cleansing old foul ulcers. But in addition to its stimulating and corrosive power, its antiseptic and drying properties must also be taken into consideration in estimating its effects.

The property of this solution that has, in my experience, stood most in the way of the improvement of old ulcers, is that last mentioned, its drying property, but I have generally been able to avoid this by using a very weak solution and keeping the sore always moistened with it. Twenty grains dissolved in one pound of water was always strong enough at the commencement; I only increased its strength by degrees, but never employed it so strong as to cause more than a slight smarting in the sore.

If there was too much spongy and proud flesh in some parts of the ulcer, I did not wait for the slower though certain effect of the corrosive sublimate solution, but touched the parts repeatedly with lunar caustic, but I always carefully removed the moisture exuding from the cauterised flesh, in order that the dissolved lunar caustic should not flow over healthy parts. Before repeating its application I waited till the cauterised slough was thrown off. For the same object, viz. in order to avoid interfering with the healthy parts, I never increased the strength of the corrosive sublimate solution merely for the purpose of removing the proud flesh, for in flowing about, it must also attack the healthy parts of the sore.

XXX. *Fernel's water, nitrate of mercury.*

I have found the solution of mercury in nitric acid almost more powerful, at any rate more antiseptic. Its strength should be regulated like that of the corrosive

sublimate solution, by varying the quantity of the salt in the solution, which we may call nitrate of mercury, and it is not much dearer than corrosive sublimate.

XXXI. *Precipitated mercury.*

We may well dispense with the employment of precipitate of mercury for the purpose of cleansing ulcers, because its corrosive property cannot be mitigated like that of a solution; it is moreover more expensive, because proportionally more is required for the cleansing of the sore, and when it is sprinkled over the ulcer, it corrodes some parts more, and others less than is required.

XXXII. *Arsenic water.*

In very large foul ulcers, some parts of which rapidly mortify and slough around, I could not do without arsenic water, which I consider infallible in such cases, and in this I am corroborated by accumulated experience. A saturated solution of white arsenic, made by boiling an ounce of powdered arsenic with a pound of water, and allowing it to cool, is brushed repeatedly over the sloughing parts. This checks the sloughing process in a few hours and causes the slough to be loosened in forty-eight hours, and it may be then taken away like a leathery skin. The fundus of the ulcer thus laid bare appears quite clean and very sensitive. I may not perhaps be the only person who has observed the excellent effect and the wonderful antiseptic powers of arsenic in such cases, but I have not met with any similar observations of others. It would be of great use in military hospitals, where it is usual to treat ulcers with a decoction of cinchona, which is not nearly so efficacious as this powerful remedy.

In using it we should only take care not to let it come much in contact with the clean parts of the ulcer, as it causes much pain there and does no good.

I make use of no other remedies for cleansing old ulcers besides corrosive sublimate, lunar caustic and arsenic.

XXXIII. *Cold water for the inflammatory swelling.*

This is the only application I make around the sore. The inflammation and swelling yield to the cold bath, without the aid of any other remedy, and when the sore is cleansed it keeps its moisture in a good state.

XXXIV. *Digestives.*

In order to compel the sore after it has been cleansed to secrete laudable pus, it is essential to stimulate and at the same time strengthen it for some time. For this purpose true digestives without grease are the best. Peruvian balsam rubbed up with two or three times the quantity of yolk of egg, or copaiba balsam beaten up with two or three times the quantity of yolk of egg, or a mixture of the latter balsam, Venetian turpentine and yolk of egg, or only Venetian or common turpentine rubbed up with yolk of egg, according as the patient is richer or poorer, the sore larger or smaller, or of more or less spongy character, will suffice. White Marseilles soap or Venetian soap and water may be substituted for the yolk of egg. We should not add any oil or grease of any kind, these interfere with the power of the digestive, and for several reasons diminish the good effect of pure digestives.

All other additions are at least unnecessary, often hurtful.

XXXV. *Frequently repeated cleansing of the sore.*

As long as the humours of the body are not improved by the continued strengthening treatment, and one, two, three and more months are often required for this, so long we cannot expect that the cleansed sore will remain clean, or that the surface of the sore will not sometimes present a spongy foul appearance and secrete fœtid ichor instead of good pus.

When this occurs we must occasionally have recourse to the solution of corrosive sublimate and moisten either the whole sore or the unhealthy parts of it, several times a day by means of compresses soaked in it; in this way we shall

not fail to obtain the desired effect. The other more healthy parts may be dressed with digestive.

If the disease is on the leg, we may immerse the part once, twice, or thrice a day in cold water, at the times when the dressing would otherwise be renewed. A slight bandage should be applied, and we need not fear to expose the sore to the cold bath, which is the best thing for it.

Bandaging the ulcer must be continued along with the external and internal strengthening treatment, until the borders of the sore become united with the healthy, light red granulations and the cicatrisation is completed.

XXXVI. *Dry charpie.*

If the pus is of a good character but too copious and thin, the frequent (every eight hours) application of a bandage with dry charpie suffices to remove this hindrance to the cure, the progressively increased strengthening treatment of the whole body being at the same time continued.

XXXVII. *Relapses.*

It often happens that, where the cicatrization has gone on rapidly, and is almost complete, and everything seems to be going on well, the curative operation comes to a standstill all at once, the size of the sore remains as it was, or even increases, its surface becomes discoloured, its borders indurated and raised up, and character of the pus deteriorates.

In this state of things the solution of corrosive sublimate as in the preliminary cleansing operations, is again of service, but sometimes we cannot succeed in procuring cicatrization by digestives, or where the pus is too profuse or too watery by dry charpie; the sore will sometimes neither get better nor worse, and sets our remedies at defiance.

And even when the good appearance of the sore is not lost, the curative process sometimes is arrested, the sore obstinately retaining its character and size.

In all such cases it will generally be found either that the strengthening treatment of the body has been neglected or has not been duly increased.

We should, under such circumstances, employ the cold bath twice instead of once, or thrice instead of twice a day, we should increase the coldness of the bath by several degrees, let the patient remain some minutes longer in it than hitherto, immerse him more deeply, and especially increase the friction all over the body, make him wear a woollen shirt, and if the friction has hitherto been performed only after the bath, it should now be done also before the bath, and in the water too. More exercise should be taken, the food should be more nourishing, especially in the matter of butcher's meat and spices, such as cinnamon, cassia-buds, and nutmeg. The patient should take the bitter astringent vegetable remedies in larger doses, and only the strongest ones, and repeatedly alternate with these iron æthiops or oxyde of zinc, he should drink a glass or two more wine and if possible of better quality, his mind should be amused, and he should be more in the wholesome open air; in short, the strengthening treatment of the body should be increased in power, and we shall not fail to attain our object, especially if the healing balsam directed below is used, and the patient is docile.

If all this fails, a slight salivation is then the most helpful, if the body is not deficient in strength.

XXXVIII. *Other remedial means.*

Theden's bandage, which has such a reputation, and which I have found of great use in many cases on account of its strengthening power, can seldom be applied to legs affected by old ulcers, especially because inflammation about the sore is apt to occur in such situations. The application of the bandage is a great trouble, even though it should be done only twice a day. But the most objectionable thing about it is that, when it is applied, the patient must not take any exercise, and not even walk with it, and this prohibits the use of this otherwise excellent bandage almost entirely, especially

for poor patients, who require to use their legs and cannot, like rich people, be lifted into a carriage. And strengthening of the body without exercise is not possible.

I quite believe the worthy Bajon when he asserts that, when the healing and cicatrization of an old sore are arrested, he has seen excellent effects from the shower bath, and that he could seldom do without it in such cases. But if the climate of the country where he practised retarded the healing of the sore, which under the best treatment would often become spongy, foul and sloughing, we cannot attribute any such malignant influence to our climate, and we do not require for the treatment of old sores any other remedies than those above described, which are truly of very simple character.

Unless it be the *Healing and Strengthening Balsam*, which for many years past I have been in the habit of applying to the borders of old sores after cleansing them, while their surface is dressed with digestive, and from which I have frequently experienced the most excellent effects in the most obstinate cases. It wards off inflammation, strengthens the granulations that are preparing to unite with the borders and helps them to form healthy and firm flesh. I have never observed the slightest doubtful action of it in such cases; on the contrary, I have had the plainest proofs that this *Balsam* possesses the most healing and flesh-uniting properties of all known remedies. Notwithstanding that it is my own invention, I will, as heretofore, never fail to supply it to others as genuine as I prepare it for my own use.

I ought now, I suppose, to treat of the innumerable array of vulnerary plants which have been alternately praised and depreciated, and have been credited, chiefly by ignorant persons, with the possession of extraordinary curative powers in ulcers. But if we inquire what kind of sores they are in which these plants are of use, which of the plants among the multitude, usually prescribed all at the same time, is the really efficient one, how their several virtues are to be distinguished, and which among them should be preferred for this or that case, we seldom get any more satisfactory reply than this: the quantity of

healing plants mentioned boiled and applied warm will certainly do good, they cured so and so; but we cannot get any information respecting the particular circumstances of the cases referred to.

And so it is with the whole farrago of much-lauded vulnerary waters and arquebusades which are alleged to cure all cases. The best thing about them is their fine names. For diseases whose nature is doubtful and complicated, a quantity of medicines is sought after, whose virtues are as doubtful as the sense of their inventors, for if one has only confused ideas about the disease, it is impossible to form very correct opinions in respect to the medicines that ought to be given. When Richter desired to set Germany longing for the domestic medicine chests he invented, whose chief merit was their powerlessness, all he had to do was to write a pamphlet to confuse the public mind as to the nature of diseases, and his medicines became in great demand and were highly prized. See Richter's *Erkenntniss des menschlichen Körpers.*

XXXIX. *After-treatment.*

If I say a few words respecting the after-treatment, without which a radical cure can never be effected, I do so not in order to propose any novelties, but only to insist on the necessity of the strengthening after-treatment, and to indicate how it should be conducted.

When a disease is past, the patient generally considers himself as free from it for ever, and never thinks of the relapses that are so apt to recur in a debilitated body, and that all the more readily as the disposition to, and the seeds of, the disease remain in it. As soon as the ulcer has cicatrized, the patient thinks he is cured, and imagines that the closed sore has by cicatrization become, as by a miracle, as strong and firm as the other uninjured flesh, and he has not the least fear of a relapse, a fresh outbreak of the sore (which is so liable to happen), or of the occurrence of a new similar ulcer in another part. Finally, patients do not know if, after their sore is healed, they may not suffer

from after-pains, or the so-called calendar pains or weather warnings.

All cicatrices, especially those formed by sores where there has been great loss of substance, particularly those caused by old ulcers, show where nature has filled up the gap with new flesh, which is no doubt supplied with the vessels and nerves required for its nourishment, but which is probably not quite in the same harmonious order and conditions obtaining in the rest of the corporeal frame. The cicatrix has usually a different colour, a different kind of sensibility, and some disparity, showing plainly that there is an essential internal difference between it and the healthy flesh, consequently that we cannot expect the firmness, durability and healthiness in it that we observe in the flesh that never has been injured.

The larger the cicatrix, the more frequently it has been disturbed in its formation, as is the case with old ulcers, the more irregular, abnormal, and deviating from the healthy state the organisation of the cellular tissue, vessels and nerves is, the less can we reckon upon a regular circulation of the humours in the former and a persistent firmness in the latter. In a word, the flesh of the cicatrix remains always delicate and stunted.

How then can we expect durability and health in this new structure, especially soon after the closure of the sore? Its weakness is all the greater the younger and more tender it is; it requires much patience, much forbearance, and many years in order to become like the healthy flesh.

Irregularities in diet, a sedentary or otherwise unwholesome mode of life, the confined air of a room, debilitating passions, injuries and other accidents, may easily inflame this imperfectly organised structure and cause it to break out anew; and even without these exciting causes nature does not quite lose its tendency to convey superfluous or deteriorated humours to the morbid spot long after cicatrization.

It is precisely this weakness and delicacy of the cellular tissue, this irregular stunted condition of the vessels and nerves of the cicatrix, this morbid difference in the internal

organisation of the new structure from the healthy uninjured flesh, which is never quite got rid of, that is the cause why cold and heat, increased or diminished atmospheric pressure, and violent exertion of all kinds make such disagreeable impressions on the cicatrix, while the firmer nerves of the rest of the body experience little or no uncomfortable sensations from them. Stormy or rainy weather, fright, vexation, anger, grief, excessive indulgence in venery, sitting up at night, catching cold, over fatigue, alcoholic liquors, and enervating modes of life, are felt all too acutely by the cicatrix; the itching tearing pain and disagreeable sensations in it notify the impressions made by these things on the body much sooner and much more powerfully than they are felt by the rest of the body. These are called *calendar pains* of the part formerly ulcerated.

If I am right in attributing the cause to the internal texture and organisation of the cicatrized flesh, which I am able to prove by injections of the parts, it follows that weakness is a main factor in the delicacy of the new structure.

Now as we can never bring the disordered condition, the contracting and stunting of the vessels and nerves, back to the normal state, we must endeavour as far as possible to remove the weakness of the part and to strengthen the nerves, because this seems to be the chief cause of the delicacy and morbid sensitiveness of the part, before we can pronounce the patient cured.

Therefore, in order to remove, or at least to mitigate, the two dreaded evils incident to the closed sore, viz. the breaking out of it afresh, including under that head the occurrence of a similar ulcer in the neighbourhood of the cicatrix, and the calendar pains, the external and internal strengthening after-treatment is the most powerful, indeed the only, remedy, because weakness of the body is the usual cause of the breaking out of the cicatrix.

As I make it a rule in the treatment of all other diseases to cause as little discomfort as possible to my patients, for diseases are plagues enough of themselves, and as I consider this the next best thing to thoroughness and simplicity of treatment, so my patients affected with old

ulcers are sensible of the little trouble I give them in my treatment. I endeavour to make the treatment easy for the patient, especially by means of the simplicity of my remedies and of my directions, but as regards these I insist upon the most implicit obedience, and this virtue it is in the power of everyone to practise from whom I demand it, and without it as little can be effected, as in the making of a watch can be done by the most skilfully made wheels, without their appropriate adjustment.

Now, as in place of imposing on such patients an interminable farrago of contradictory prescriptions and bothering them with debilitating, injudicious modes of treatment, which counteract one another and cause either the destruction or the enervation and disgust of the patient, I subject them to a simple, generally applicable, and easily carried out method of treatment, so I require from them for their own advantage that they themselves after the closure of the sore shall always maintain a wholesome mode of living, and continue the internal and external strengthening treatment for a length of time, which I determine shall be longer or shorter in proportion to the size of the healed sore.

I begin in this way:—I make them continue uninterruptedly the cold baths in the prescribed duration, degree of coldness and number, for some time, *e.g.* two, four, or six weeks, and thereafter for some time, it may be one or several months, gradually decrease them. For example, instead of bathing three times, I make them for some time bathe only twice, and lastly only once a day, in place of using water at 35°, I direct them to use it at 40°, 45°, 50°, and 55° Fahr.; I allow them to descend from the whole bath to the half bath, and finally to a foot bath; from strong frictions before, in, and after the bath all over the body, gradually to slighter frictions in and after the bath, and at last only in the bath, over the half of the body, and finally only round about the cicatrized part, and from the duration of twenty minutes in the bath gradually to ten and six minutes.

These gradual changes come very easy to the patient,

who becomes accustomed by degrees to discontinue the high degree of the strengthening treatment and retains the acquired firmness of his fibres.

So also with regard to the internal treatment. I allow the convalescent to take uninterruptedly for some time the strengthening remedies; then, for instance, instead of half an ounce of cinchona per diem, the quantity is gradually reduced to half a drachm; instead of a decoction of two ounces of gentian or wormwood with half an ounce of gall-apples or a drachm of nutmeg and a scruple of cinnamon, cassia buds, or two drachms of calamus root per diem, the quantity is reduced to weaker decoctions of these or similar drugs; and from twenty grains of my iron æthiops or ten grains of oxyde of zinc per diem, to five grains of the former and two of the latter, also from six to eight glasses of strong alcoholic wine gradually to one or two glasses of lighter wine.

In the case of poorer patients strong bitter beer may be substituted for the wine, and as the allowance of that is diminished, so also must the quantity of bitter medicines be lessened.

The above proportions are only given by way of example, they must be varied and regulated according to the age and circumstances of the patient.

A wholesome mode of life, freedom from care and anxiety, together with exercise and plenty of fresh air, are indispensable, for without these no human being can reckon on enjoying proper health.

If in spite of these, pains still continue to be felt in the healed part, these may be allayed and gradually completely cured by drawing electric sparks out of the cicatrix, by the persistent application of an alum-water bath to the affected part, together with suitable frictions before, in, and after the bath.

A pleasant, comfortable, and prolonged journey in the cooler seasons of the year, for those who are able to afford it, is an aid to the after-treatment of no mean value.

Appendix.

I. *Fistula.*

A fistula is a malignant sore burrowing in a cavity below the skin. If the cavity is not deep but wide, it may be treated in the way above described. But if it is deep and has a narrow orifice the fistula must be slit up and opened with a bistoury, and then the above treatment is applicable. Without such an operation a radical cure is not possible, the patient demands almost an impossibility if he asks to be cured without it.

Case 7.—I can, however, call to mind an instance of a cure without operation. A lady, in Hermanstadt, of gouty diathesis, got an inflammatory swelling in the region of the trochanter which would not be resolved, but formed pus and burst. When the wound was cleansed, it was found that a quantity of watery, nasty ichor exuded from two small holes the size of pins' heads, and this went on for a long time. Six weeks after the bursting of the abscess I was called in, and, on examination, I found that the cavity communicating with these small openings ran underneath the attachments of various muscles, and especially the triceps. I noticed at the same time that the walls of this cavity were not very much indurated.

Having placed the patient in a suitable position for the outflow of the ichorous discharge, I injected very carefully several times a day through one of these small, almost invisible openings, a very diluted solution of corrosive sublimate, taking care not to injure the borders of the opening internally with the nozzle of the syringe, which might cause them to become indurated. I increased the strength of the solution very gradually, as I found, after some weeks, that the inside of the cavity was quite free from indurations, and that the pus secreted was quite healthy, and, in consequence of its thickness, could only be washed out by frequent syringings skilfully performed, as the patient said she would rather die than submit to a cutting operation.

I now commenced to inject my *strengthening balsam* three times a day, and applied a blister round about the openings, and over all the parts beneath which the cavity extended among the muscles. The raw surface thus produced I kept open with tincture of cantharides. I had hardly kept up this application for a week, when

the quantity of pus discharged diminished ever more and more, until, at the end of three weeks, scarcely a few drops came away, and then only by using the injection. I made the injections of the healing balsam myself, partly in order to avoid injuring the parts with the nozzle of the syringe, partly in order to apply the fluid with sufficient gentleness, and in order to watch accurately the process of healing.

By the twenty-fifth day I attained the object I had scarcely hoped for. But I kept the blister open for a fortnight longer in order to guard against any relapse.

I now strengthened the patient thoroughly by means of a cold bath twice a day of ten minutes' duration, kept up for a month, and by giving gradually twelve ounces of cinchona bark.

My patient still resides in the capital of Transylvania, and she has never had the slightest uncomfortable sensation in those parts; moreover, she has lost all the gouty ailments that she had suffered from for fifteen years.

I should state that the strength of the patient was good from the first, and therefore I let her drink a strong decoction of quassia, in order to improve the character of the pus.

This was no doubt a case of fistula cured without incision. But this treatment cannot be recommended for every case, because it demands great attention and carefulness; moreover the strength of the patient was still unimpaired, and her humours not deteriorated, and the induration of the internal walls of the cavity was inconsiderable, so that a cure by this method was capable of being effected.

I relate this single case, which was instructive to me, only in order to show the possibility of curing some fistulas without cutting.

The cure of a short fistula with a wide opening is much easier. Nor is it difficult to cure a fistula if it have an opposite opening, produced either spontaneously or by means of an incision. In that case the pus will not be retained, and appropriate pressure may be applied by means of a bandage, so as to ensure the healing of the internal sore.

II. *Caries of the bones and spina ventosa.*

When the bones are implicated in old sores, and become carious, a different treatment is required.

Under this category comes the treatment of spina ventosa, in which few physicians and surgeons have been successful. I am able to say something on this subject from experience; the surgical treatment I recommend is also applicable to caries of the bones in other forms of old ulcer.

The first sign of spina ventosa is a gradual painful swelling of some bones, chiefly of the small bones of the wrist, metacarpus, and foot in children. The best treatment is wholesome diet, the strengthening treatment, and a special remedy to be presently described.

The dietetic measures are chiefly these: the child must not be overfed, food of an acid character or such as readily ferments must be withheld, also milk, sweets, and too much fruit, animal food with well-cooked vegetables must be given in moderation. Cold bathing should be resorted to as directed above, commencing with the affected part and gradually extended all over the body. The affected limb may be bathed with alum-water more frequently than the other parts, and iron should be administered internally, because it removes the acidity so commonly met with in delicate children and strengthens them at the same time.

A gelatinous decoction of hartshorn chips in water or beef tea for the usual drink, or in the form of soup is one of the most efficacious remedies in this complaint. Or a good substitute for this is prepared hartshorn taken in the form of powder.

As spina ventosa is only a chemical decomposition of this osseous substance, and as bones consist of lime and phosphoric acid combined in order to form a salt, by this remedy the deteriorated osseous substance may often be happily restored.

But when the spina ventosa is broken out so as to form a sore we should not delay the removal of this destroyed or

necrosed portion of bone, but after enlarging the wound as much as necessary we must remove the useless part of the bone or, if it is extremely diseased, the bone itself. The remainder of the bone—if it is not required to take it all away—must be scraped as clean as possible and dressed with strong alcohol. I find the strongest spirits of wine the most efficacious remedy for checking caries of the bone, better than many other remedies proposed for this purpose which are often of such a character that they destroy the osseous substance itself and yet are not so antiseptic as alcohol.

Once we have completely removed the necrosed bone, the remaining sore must be immediately treated according to the directions given above for the cleansing and healing of ulcers, the body must be strengthened by the external and internal treatment and we must administer the gelatinous drink or the prepared hartshorn powder which I rarely give except in this and similar cases where the nourishment of the bone is defective.

No good is done in spina ventosa by the many blood-purifying remedies commonly employed, the debility is only increased by evacuant remedies, and the humours are deteriorated in place of being improved. But sometimes the internal administration of guaiac resin and, when the syphilitic virus is undoubtedly the cause of the malady, mercury and sometimes crude antimony are useful.

A pretty extensive practical experience of my own and of many of my colleagues has convinced me that the number of remedies required is exceedingly small and that all that it is possible to do in medical practice can be effected by at most 150 drugs, if we know them thoroughly and employ them judiciously and with the utmost simplicity, for in this way we become more and more assured of their virtues. In like manner we may dispense with the vast number of the cutting instruments of surgery if we know how to make a skilful use of the few necessary knives. It is the judicious selection of remedies and the appropriate mode of employing them that distinguish the true physician, who is the sworn partisan of no system, who rejects nothing without trial, who accepts nothing on the authority of others, and

who has the courage to think for himself and to act independently.

III. *Cancer.*

Principiis obsta, is a wise old maxim, which is particularly applicable to cancer, that disgusting fœtid ulcer with everted borders on the highly nervous and glandular parts of the human body.

The extract of hemlock (*extr. conii maculati*) prepared by gentle heat (in a water bath) and applied externally to indurated glands I have found an almost indispensable specific, of which I have had a thousand brilliant proofs. But while I must extol its power in such cases, I have seen very little benefit from its internal and external employment in open cancer. In such cases I cannot commend its use, and just as little can I say in favour of all evacuant and so-called blood-purifying remedies.

I have seen white and red precipitate externally applied by a quack, though causing a great deal of pain, yet so efficacious, that the parts to which it was applied were on the following day covered with healthy-looking pus; but so extensive was the destruction already produced by the disease, so deteriorated were the humours, and so intolerably fœtid and copious was the discharge, that the patient died four weeks after I had seen the action of this remedy. According to my observations, the solution of corrosive sublimate, of nitrate of mercury and arsenic water judiciously employed, are the most sovereign remedies for the cleansing of open cancer not too far advanced, as they are for all other malignant sores.

When the sore has been cleansed, it should be dressed with the best kind of digestive and the strengthening balsam, and if we employ at the same time the internal and external strengthening treatment and do not omit the most strengthening after-treatment, we have the best possible treatment of this horrible disease, vastly superior to the endless array of poisonous, childish, debilitating, and nonsensical remedies that have been hitherto vainly employed. I have not yet tried the internal administration

of arsenic water, nor do I think it advisable to do so, because we have more powerful and more certain means at our disposal.

If the cancer is not too far advanced, we may with great advantage, according to my experience, apply the extract of hemlock round about the sore, where the glandular structure is indurated but not yet ulcerated; but we must not apply it to the sore itself. So also the indurated glands, before they have become an open cancer, may be completely dispersed by this extract.

But I must confess that my method of treatment is only efficacious in those cases where the degeneration has not gone on with fatal rapidity, with the flesh eroded down to the bone, the humours of the body thoroughly corrupted, and the system extremely debilitated.

IV. *White swelling.*

Just as a cancer that has gone too far is incapable of being cured, so an ulcerated white swelling or a pulmonary suppuration in a very advanced stage is beyond help.

In an ulcerated white swelling such a large number of lymphatic vessels are suppurating that acrid ichor is incessantly discharged, irrepressible spongy flesh rises up like a fungus, the bones of the joint, especially when the knee is the seat of the disease, are eroded, and the corporeal powers melt away like wax, and none of the numerous kinds of so-called blood-purifying remedies or the best ordinary treatment of sores can stem the devastating course of the disease, so that we may easily be led to infer the incurability of this malady.

If no good result can be obtained from the above described treatment of old sores, then nothing will do it any good.

A better result may be obtained from the treatment of white swelling in its early stage. The things which have proved most efficacious in my hands are the most strengthening cold baths and the internal administration of blood-purifying or strengthening remedies, according to the pecu-

liarities of the bodily constitution, together with careful inunctions of mercurial ointment on the swollen joint, or its continuous fumigation with cinnabar or boiling mercury, avoiding the ingestion of this metal by the mouth and especially the production of salivation.

Only if the prolonged employment of these remedies causes no improvement (which is seldom the case) but the body has been strengthened and purified by the treatment employed, I produce a mild salivation which may be increased according to circumstances, whilst frictions are persistently performed on the affected limb, in order to induce the dispersion of the congested humours.

If the bodily strength is sufficient, salivation may be induced by simple rubbing in of mercurial ointment on the affected limb, or by continued fumigation of the part by cinnabar, without giving any by the mouth, and it may be increased or diminished at pleasure by internal remedies according to the object we wish to attain. The best after-treatment of the cured limb consists in the employment of a shower bath at a considerable height.

V. *Suppuration of the lungs, consumption of the lungs.*

A very far advanced consumption of the lungs is as little susceptible of cure as a wound of the aorta.

How can the destroyed lung be replaced, or the general suppuration in a cavity be stayed, when the movements of the chest are almost always increased and the blood of the whole body is oozing through half ulcerated, half cicatrized blood-vessels, and we are unable to give relief by the direct application of remedies. Hæmorrhages, ulceration and incessant fever completely exhaust the poor remnant of strength that has not been used up by the cough and night sweats.

Residence in a locality abounding in carbonic acid, in a cellar where wine and beer are undergoing fermentation, until improvement takes place; inhalation of the finest dust or vapour of myrrh and incense, or still better, of my *healing balsam;* cinchona bark and other strengthening remedies,

nourishing food and cheerful surroundings, if these do no good, then it is all up with the patient.

We must carefully regulate the employment of the fixed air from fermenting substances and diminish it when it becomes disagreeable to the patient, and this is often a sign of his amelioration.

The inhalation of the dust or vapour of the resinous substances mentioned above, must be done so gently that it shall not cause violent coughing.

A strong decoction of wheat or barley well dried in the air, alternated with bitter vegetable extracts, or occasionally and especially in the case of poor patients, butter milk as the ordinary drink, together with cooked vegetables of the most strengthening kind vermicelli, and soups prepared with slightly salted butter or broths made of pigeon, chicken, veal or beef, without any seasoning except cinnamon or cassia buds, are the most appropriate kinds of food. Along with these suitable cold baths should be employed.

If the suppuration is in the early stage these things do all that can be expected from them. If the suppurating portion of the lung is near the surface in the region of the pectoral muscles, a seton established on the spot is useful —it should be a pretty large one, and may be kept open until the internal sore is healed; but still more useful than all this, when the suppuration is distinctly perceptible at a certain spot under the pectoral muscles, is the opening of this part by an incision, taking care to avoid the intercostal arteries; the wound should then be treated like an old foul ulcer, we must at the same time not neglect to strengthen the body.

All the other remedies so commonly employed should be rejected in this disease, if we do not wish to send the patient prematurely to his grave. The remedies I allude to are repeated blood-letting and purgations, rye-sprouts, hop-flowers, the expressed juice of plants, and even goat's whey and mineral waters. By these things the humours are dissolved, the good evacuated along with the bad, the disease is increased, and the forces ebb away and cannot be restored.

When the pulmonary abscess is single, small, or has opened externally, the patient's strength not being exhausted, then we should not hesitate to bring about salivation, and we may confidently expect it to be beneficial; at the same time we should keep open the external wound in the vicinity of the internal abscess, make the patient inhale the balsamic vapour above mentioned, fill the sick room with carbonic acid, and we should not neglect to follow up the cure with the most strengthening after-treatment in order to eradicate the disease permanently.

It would be a good thing if the polygala senega were really serviceable in pulmonary suppuration, as Collin, of Vienna, assumes in his *Annals* that he found it to be; we might perhaps obtain the same good effects from our polygala. I can only regret that this physician in his observations had so little time, and that he was only able to devote two or two and a half hours to his distant crowded hospital. In the intervals between his visits I often observed very different effects from his medicines. If the Senegal root really proved so efficacious, we might certainly hope to obtain equally good results from the other.

* * *

In like manner we may cure other internal abscesses, the ordinary treatment of which is often so disastrous, if we attend to the directions given for the treatment of pulmonary suppuration.

The internal administration of Peruvian balsam demands great exactness and is seldom applicable, but I can with greater confidence recommend my *healing balsam,* if it be still possible to do any good.

VI. *Conclusion.*

I cannot be blamed for insisting on such a generally applicable treatment of old malignant ulcers, and in preferring it with certain limitations to all others; the most careful and extensive experience is on my side. Anyone who has had the opportunity to make so many observations in such cases as I have made, who is actuated by such *a*

desire to do good to his fellow creatures as I feel that I am, who so thoroughly hates the prejudices and prepossessions in favour of the old over the new, who has as little respect for the authority of a great name as I have, and who as zealously endeavours to think and act for himself as I do, will, I imagine, fail to hit on another and better treatment of old ulcers, he will consequently be able to obtain the same excellent results of his efforts as I have obtained, which is the highest reward that a conscientious physician can expect, results which have hardly ever disappointed me, whereas the different treatment of others has almost always belied their expectations.

In this treatise I do not make any pretension to the reputation of a discoverer, the remedies I have indicated are things that have stood the test of experience, and even my *healing balsam* has only some peculiarity in its composition and in the selection of its ingredients.

REVIEWS.

Die Entstehung und Bekämpfung der Homöopathie. Von Dr. Wilhelm Ameke: Berlin, 1884.

The Editors of the *Zeitschrift des Berliner Vereins hom. Aerzte* have devoted the first five numbers of their 3rd Vol. to the publication of this work by Dr. Ameke on the origin of homœopathy and the opposition offered to it. Dr. Ameke has executed his task with a thoroughness and carefulness that must have cost him a vast amount of patient labour. The result is the most valuable contribution to the history of homœopathy that has yet appeared, and the best refutation of the calumnies and reproaches that have been, and still contiue to be, heaped on Hahnemann and his great medical reformation.

The first part is devoted to an account of the origin and growth of homœopathy in the mind of Hahnemann as it is exhibited in his works. Before considering the services of Hahnemann to medicine proper, our author gives a succinct account of his contributions to chemistry and pharmaceutics. In a few pages he shows what was the actual condition of chemistry at the time of Hahnemann's appearance as a labourer in this field. His first important work in this sphere was his translation in 1784 of a work by Demachy on the *Art of Manufacturing Chemical Products,* in two volumes. Like all the translations executed by Hahnemann this work is enriched with numerous notes by the translator, in which the errors of the author are carefully corrected, many better processes for preparing the chemical products are given from the translator's own experience, and several ingenious apparatus of his own

invention are described. The signal merits of Hahnemann's additions to the work of Demachy are warmly acknowledged in a review of the translation that appeared in Crell's *Annalen*. The first great original chemical work of Hahnemann was his treatise on *Arsenical Poisoning*, which Christison acknowledges to be a very valuable work. At the time of its appearance it was very favourably reviewed, and for many years thereafter it was constantly referred to as a "valuable work," a "classical treatise," and similar laudatory appreciations. The amazing industry displayed in this work may be estimated when we mention that he quotes 389 authors and treatises in various languages and ages in 861 places, in which the volume and page are accurately stated.

He contributed many essays to Crell's *Annalen* on various subjects, some of which were valuable, and all distinguished by originality.

In 1787 he published a work on the signs of the purity and adulteration of drugs, nominally on the basis of a French work by Van den Sande, but which was really almost an original work of his own. This work was universally acknowledged to be indispensable for all physicians and apothecaries. In it he first described his celebrated test for detecting lead in wine. He showed that the method hitherto in use called the "Wirtemberg wine-test" was unable to distinguish lead from iron, and he gave a simple method for detecting lead and properly distinguishing it from iron. His method was soon acknowledged to be the best, and was generally adopted, and "Hahnemann's Weinprobe" was soon as well known as "Hahnemann's Mercurius solubilis" which he published two years later.

The *Apotheker-Lexicon*, which was published in parts between 1793 and 1799, is a very encyclopædia of pharmacology and abounds in original observations, processes, and apparatus, and may be consulted even at the present day with advantage. Its great value was acknowledged by the chief chemists of the day, and Dr. Ameke quotes numerous favourable notices of it. He concludes this part by citing

many testimonials from the most illustrious chemists to Hahnemann's distinguished merits as a chemist. Hahnemann was already a renowned chemist before he appeared as the great reformer of medicine.

Dr. Ameke gives us a sketch of the state of medicine at the time Hahnemann set about reforming it. He shows by numerous extracts from the writings of the most illustrious of Hahnemann's contemporaries and immediate predecessors, that medicine consisted almost entirely of baseless hypotheses and speculations concerning the nature of diseases, and equally futile and ridiculous reasons for the employment of the most violent and unsuitable remedies. It is curious to note that however various the theories respecting the nature of the diseases, the practice consisted in an unvarying round of blood-letting, purging, emetics, diaphoretics, diuretics, blisters or more violent counter-irritants, and salivation; but a "scientific" reason for employing these most unscientific remedies was never wanting.

Hahnemann's first notable medical work, which we give in this number, was a protest against the common method of treating a special class of cases, and it shows in almost every page his contempt for the prevailing modes of treatment, and his endeavour to substitute for them a rational treatment and a most unusual attention to regimen and hygiene.

His next considerable work in medicine was his treatise on *Venereal Diseases* (translated in the *Lesser Writings*) published in 1789. In this work he points out the dangers attending the ordinary mercurial treatment of the disease, and gives directions for the preparation of his mild "soluble mercury," which was very generally acknowledged to be a much safer and more efficacious mode of exhibiting the specific drug than those hitherto in use.

His next great innovation on the usual practice was in reference to the treatment of the insane. The ordinary treatment of these unfortunates at that time, and for many years afterwards, was barbarous and unsuccessful. Hahnemann was the first to denounce the cruel treatment of the

insane, by which, he says, their malady is always aggravated and never ameliorated. He gave a practical proof of the excellence of his mild method by the cure of an eminent author, Klockenbring, in 1792.

Ameke shows by numerous citations from the works of celebrated physicians that Hahnemann was regarded as a great authority in practical medicine. Before his announcement of his new principle he was already celebrated by his vigorous attacks on the ordinary complex prescriptions of his contemporaries. He criticised severely the treatment of the Emperor Leopold II, and showed that it was more calculated to injure the patient than to cure his disease. His audacity in blaming the treatment of the Emperor's physicians was regarded as an impertinence by many of his colleagues, but his condemnation would be endorsed by every physician of the dominant school at the present day. Hahnemann in 1792 was already at least fifty years in advance of medical practice.

Ameke gives a historical account of the origin and development of the homœopathic method as shown in Hahnemann's writings from 1796 to the latest period of his life, and this he does with a completeness and circumstantiality that leave nothing to be desired.

Ameke concludes this portion of his subject by a personal history of Hahnemann, which is full of life-like details, and brings before us the great and good man as he appeared to his numerous friends and admirers. He adds a large number of testimonies to his learning and sagacity from many of the most illustrious of his non-homœopathic contemporaries, which would be useful reading for those who now seek to disparage and misrepresent him.

The second part of Ameke's work is devoted to the attacks on homœopathy and its founder. This is most instructive and amusing, and reflects the greatest credit on the industry and research of the auther. On the whole it gives us but a melancholy picture of the wisdom, fairness, and logical powers of the adversaries of homœopathy, and offers us abundant proof that calumny, detraction, prejudice, foregone conclusions and ignorance of the subject on which

they write, often supply the place of fair argument and impartial investigation with those who have set themselves up as critics and judges of a matter that concerns the well-being and the lives of their fellow creatures.

We have in this part a full account of the Schwarzenberg incident, of which Hahnemann's adversaries made so much that they succeeded in getting him deprived of the right to give his own medicines, which led to his banishment to Coethen. The facts of this case are briefly these: Prince Schwarzenberg had had several attacks of apoplexy, and had also heart-disease. He wished to consult Hahnemann and invited him to came to Prague to see him. This Hahnemann refused to do, saying that if the Prince wanted to put himself under homœopathic treatment he must come to Leipzig, which he accordingly did. At first the veteran got much better, and was able to take regular exercise on foot. One day, however, when Hahnemann visited him, he found some allopathic doctors engaged in bleeding the old man from the arm. Hahnemann refused to attend the illustrious patient after this. Five weeks later the prince died. The autopsy showed several apoplectic deposits, and a great amount of cardiac disease. All the doctors declared, with a unanimity worthy of Ananias and his wife, that the prince died because Hahnemann had neglected to bleed him. This was believed by the authorities, hence the persecution of Hahnemann which drove him from Leipzig.

Ameke gives us the history of Hahnemann's chemical mistake about the so-called alkali "pneum." On becoming aware of his mistake, Hahnemann immediately did all in his power to make avowal and reparation. Professor Tromsdorff characterised this error as "unexampled impudence," though he himself had committed, and been convicted of, a much more inexcusable chemical blunder, and never admitted it after it was detected. Any one may make a mistake, not all will, like Hahnemann, confess, and make reparation for a blunder.

In an appendix, Ameke gives us an account of the actual state of medicine in the dominant school. He concludes this part with the following dismal confessions of a writer

in Volkmann's *Sammlung*, 1878, "Whenever an attempt has been made to substitute for the old method a new, exact, so-called rational therapeia founded on strict physiological or pathologico-anatomical basis, it has invariably and inevitably ended in a fiasco." "When followed out to its strictest consequences, it led to the assertion that there is not, and cannot be a therapeia founded on a scientific basis." "The results of therapeutic research are negative and hopeless."

We heartily recommend Dr. Ameke's able and learned work to all who are interested in the history of homœopathy, and we trust that an English translation of it may soon be made for the benefit of those not familiar with German.

Selections from Essays on Health Culture and the Sanitary Woollen System. By GUSTAV JAEGER, M.D., Stuttgart. *Dr. Gustav Jaeger's Clothing Reform for Men, Women, and Children.*

DR. GUSTAV JAEGER is well known to the scientific world in general by his "Discovery of the Soul," * a discovery which has not yet met with general acceptance, and to the homœopathic body in particular by his "Neuranalysis," in which, as our readers are aware, he asserts that by means of an ingenious machine he can detect the highest potencies of drugs when they are received into the system by inhalation, an assertion which has not yet received the entire credence of the homœopathic body.

In the publications mentioned above, Dr. Jaeger now appears before the public as a reformer of the dress of those of his fellow creatures who are in the habit of wearing clothing; though as he tells us that the natives of Australia who wear no clothes are entirely exempt from disease, it would almost appear that it would be better for us to resort to the primitive fashion of the Garden of Eden, if this

* *Die Entdeckung der Seele.* Leipzig, 1880.

could be done without the risk of attracting the attention of an over-zealous police. As this would be difficult, if not impossible, in the midst of the complex arrangements of civilization, with its harassing paternal and grandmotherly governments, Dr. Jaeger instructs us how to clothe ourselves in such a way as to obtain the blessing of perfect health, without offending the prudery of constituted authorities.

He objects to all garments made of vegetable fibre or silk, as these he says either offer an obstacle to the due escape of the noxious emanations or exhalations of the body, or else retain these deleterious excretions, and make us unwholesome to ourselves, and centres of morbific influences to our neighbours. Moreover, linen and cotton being good conductors of heat, the wearing of garments made of these materials renders us liable to chills and all the evil consequences thence proceeding.

True sanitary clothing must be made entirely of pure wool, without admixture of any vegetable fibre or silk. The dress of males should consist of a woollen shirt fitting tightly to the figure and doubled in front, the front part of the body being the most tender and susceptible part, woollen trousers also tight, or if not tight, then made by means of a webbing to fit tightly round the ankles, so as not to allow a draught of air to ascend beneath the trouser-legs, woollen socks, a woollen coat with double breast, always kept buttoned up. The head dress must be of soft felt or other woollen material, not lined with leather or vegetable material. The boots are to have leather soles, but the "uppers" should be of woollen material. This might be inconvenient in dirty or wet weather, and so a narrow rim of leather is allowable round the sides and over the tips of the toes. No waistcoat is permissible, and the lining and padding of the coat, and even the pockets of the trousers, must be all woollen.

This woollen costume, Dr. Jaeger acknowledges, would not meet the views of the rigid vegetarians, who will have nothing to do with any animal material whatever. But then Dr. Jaeger believes the strict vegetarians are wrong,

not only in matters of dress, but also in their dietetic rules; and he combats their deductions in favour of a vegetarian diet from the asserted frugivorous habits of our nearest relatives among the lower animals, the monkeys. He says that he was, for some years, the director of the zoological gardens in Stuttgart, and he found that when the monkeys there were fed on an exclusively vegetarian diet, there was among them an annual mortality of 50 per cent. Having observed one day that a mandril, which was evidently consumptive, caught and eagerly devoured a mouse that had got into its cage he began to treat all the apes as omnivora, and under the mixed animal and vegetable diet the mortality of these animals was reduced from 50 to 20 per cent.

Dr. Jaeger believes that by the free exhalation of all noxious excretions allowed by his pure woollen garments, the specific gravity of the body is increased, owing to the elimination of its fatty and watery parts, the strength of the body is also increased, and exercise is taken with less fatigue and less discomfort than when the clothing consists in a greater or less degree of vegetable material.

There was in England in ancient times, we know not if it was ever repealed, but at all events it has fallen into desuetude of late years, a law to the effect that all bodies should be buried in woollen clothes or shrouds, and it was a misdemeanour or a felony, perhaps punishable with death, (for the death penalty was usually accorded to all felonies, and it has much to recommend it on the score of economy and the saving of trouble) to bury a body in linen—cotton being not yet known—or any other material except wool. This law was not made for any sanitary purpose, but only to encourage the wool trade. Dr. Jaeger insists on women as well as men adopting his pure woollen clothing, but we fear he will meet with a good deal of opposition from the fair sex, in this country at least, where the memory of the enforced woollen shrouds still lingers. A British matron or maid would think perhaps that if she wore exclusively woollen clothing, people might point at her and quote Hood at her:

"Look at her garments
Clinging like cerements!"

and as a rule women dress more with a view to appearance and fashion than for any sanitary motive. So we expect Dr. Jaeger's disciples will be more numerous among the male than the female sex.

Dr. Jaeger is a man of great originality and talent, and there may be a good deal of truth in what he says respecting clothing. But we can scarcely consider him a trustworthy witness in the matter as he has taken out patents for his sanitary clothing and set up shops for their sale. The works under review are issued by a commercial company, established in London for the manufacture and sale of his dress specialities. We cannot admit that the woollen clothing and bedding—for that too, according to him, should be altogether woollen—is of such universal applicability as he contends it is, for we know many persons who cannot wear woollen garments next their skin without extreme discomfort, and that the best health can be enjoyed by some who never wear aught but cotton or linen undergarments—summer or winter—the present writer can testify from his personal experience. However there is a great deal of pleasure and instruction to be gained from a perusal of Dr. Jaeger's book. It contains some very sound hygienic teaching, which may be read with profit by all.

Lectures on Cholera and its Homœopathic Treatment. By L. Salzer, M.D. Calcutta: H. Berigny and Co., 1883.

In these nine lectures Dr. Salzer has made a most valuable contribution to the literature of homœopathy and cholera treatment. We have heard so much of late of how cholera may be caught, and how it may *not* be given to animals, and how many microbes are to be found in the intestines of those dead of cholera, that it is a most welcome change to come across a work telling us how cholera

may be *cured.* And this is just what Dr. Salzer has told us. In a masterly way he discusses the place occupied by the various remedies that have been used in cholera, and their relative value; and no one who is ever likely to meet with the disease in practice can afford to overlook this work. Especially valuable is the definition of the place of *Camphor.* Dr. Salzer differs from previous writers in his views of the homœopathicity of this drug to the disease, which he says is only evident in cases of poisoning by the drug, and not in the provings. He believes, and apparently with reason, that Hahnemann was not aware of its homœopathicity, and recommended it on germicidal grounds and hence in large doses. *Hydrocyanic acid* and *Cyanide of Potassium* are highly praised. Of *Cuprum* Dr. Salzer does not speak so highly as we should have expected. His remarks on *Secale* and *Ricinus* (seeds, not oil) are most suggestive. In conclusion, we heartily recommend this work to the study of all, even those who may never see cholera. It throws much light on the action of the remedies discussed, which cannot fail to be of service to those who employ them in other diseases.

The Law of Similars, its Dosage and the action of Attenuations. By C. Wesselhoeft, M.D. Boston: Otis Clapp and Son, 1883.

In this little brochure of two chapters Dr. C. Wesselhoeft has given us the substance of several lectures delivered by him at the Boston University School of Medicine in the winter of 1882-3. Dr. Wesselhoeft has done well to reproduce them in this form. Clearly and forcibly he shows in the first part what are the *facts* of the materia medica, which the practitioner of medicine can and ought to know and to be able to apply; and, whilst not refusing to notice theories of drug action, he puts them in their proper subordinate place. In his second part, dealing with the ques-

tion of dosage, he is on less safe ground. Whilst heartily sympathising with him in his desire to introduce order and finality into this chaotic and most undefined region, we fear his attempt to do so by the aid of the atomic theory of the natural philosophers and microscopical investigations can hardly be pronounced a success. The dose must be decided, like the rule, by experience with the sick, and when competent observers tell us that they have seen cures result from pilules of *Silica* 6, 12, and 30, we cannot appeal to the microscope or the physicist to refute them.

Lateral Spinal Curvature, a Monograph. By E. C. Franklin, M.D. St. Louis: 1883.

In a short paper Dr. Franklin gives a general account of the "nature, causes, and treatment of curvatures, viewed in relation to the deviations of position of the vertebral column in the *lateral* directions." His account of the treatment includes local applications, rest, mechanical extension, massage, muscular exercise, and mechanical support and pressure. He approves of the Sayre jacket in certain cases. He give a list of the drugs he has found useful, with their various indications. In his account of the etiology of the disease he names both exciting and predisposing causes. Among the former Dr. Franklin places "the bad habit of always standing upon one leg!" If this is genuine, the habits of the St. Louis people must be very singular, to say the least of it.

Hoyne's Annual Directory of Homœopathic Physicians of the Western States. Twelfth year: 1884. Chicago: Duncan Brothers.

This useful little work is marred by the execrable practice of printing advertisements right in the midst of the

matter, a practice we are sorry to see gaining ground in this country. The names of the practitioners are given in alphabetical order under the headings of their several states and counties. It would seem to outsiders that a general list of the whole in alphabetical order would be a valuable addition.

Notes on Dental Practice. By HENRY C. QUINBY. London: Churchill, 1883.

THIS is an excellent work on the teeth, their diseases and irregularities, and the best modes of remedying them. The chapter on the temporary teeth contains much valuable information which must be of great use not only to the dentist but to every medical practitioner. We are too much in the habit of leaving everything connected with the teeth to the dentist, but a careful perusal of Mr. Quinby's remarks will enable us to prevent much of the sufferings that attend dentition and to correct many of the irregularities of the teeth which at a later period can hardly be remedied by the mechanical skill of the dentist. We cordially recommend this useful treatise to all medical practitioners.

A Treatise on Intracranial Diseases. By C. PORTER HART, M.D. Philadelphia: Boericke, 1884.

DR. HART approaches his subject from the pathologist's standpoint rather than that of the clinician. This leads him into drawing distinctions between various conditions which are not distinguishable at the bedside. He gives us, for instance, a separate chapter on each of the following:— "Cerebral Apoplexy," "Cerebral Hæmorrhage," "Cerebral Embolism," and "Athetosis"—which is the name of a condition due to embolism. Sometimes our author's pathology

smacks more of the study than of the post-mortem room, as when he tells us that in cerebral anæmia "the grey matter of the brain is so pale as to be nearly white." Dr. Hart states, as clearly as his method will allow, the characteristics of the different cerebral diseases, but we should have been thankful if he had been a little less systematic, and had given us more of the fruit of his clinical experience in diagnosing and treating the different cerebral diseases. He gives a very full list of the different remedies indicated, in their alphabetical order; if they had been grouped and contrasted, the work would have been much more valuable to the practitioner. The book would have gained in value also if the theories of those redoubtable warriors, Goltz, Hitzig, Ferrier and Fritsch on cerebral localisation had been omitted. (By the way, what has Munk, the greatest Trojan of them all, done amiss, that Dr. Hart has made no mention of him ?) As Charcot and Pitres have recently pointed out, the only experiments on the brain that are of any use to us are those performed by Nature and observed by us at the bedside and in the post-mortem room.

Transactions of the Thirty-sixth Session of the American Institute of Homœopathy. Pittsburg, 1883.

This handsome volume has for its frontispiece an excellent portrait of last year's president, Dr. Bushrod James. It is full of interesting matter. The Bureau of Materia Medica was occupied with attempts to give a plan or model for a reconstructed materia medica; but none of the specimens given at all come up to our own idea of what a materia medica should be. But no doubt there is a difficulty on our part to be unprejudiced on this subject, as we on this side the Atlantic are occupied in bringing out a materia medica of our own which we think is constructed on better lines than any hitherto offered. As this book

will soon be in the hands of the profession, they will have an opportunity of judging whether ours is or is not the best.

The Bureau of Pharmacology presents us with a paper on Hahnemann's Pharmacology by the President of the Bureau, Dr. Taylor, which contains a good many errors. He will have it that Hahnemann's "decillionth" was the 12th dilution and not the 30th as is commonly supposed, in spite of Hahnemann's most explicit directions for its preparation through 30 dilution phials, each dilution being prepared by adding one drop of the previous dilution to ninety-nine drops of alcohol.

The report of the Bureau of Clinical Medicine contains many interesting papers on the subject of malarial fevers.

The reports of the other Bureaus contain many valuable articles which we have not space to examine at length. The whole volume is a very valuable contribution to the development of homœopathy and should find a place in the library of every homœopathic practitioner.

Two papers by Dr. C. Wesselhoeft and Dr. J. Edward Smith respectively, contain matter of the most serious importance to the homœopathic world, as they throw doubts on the purity of many of our preparations. The former shows that in the process of triturating sugar of milk in a Wedgwood or porcelain mortar, a very appreciable quantity of the mortar is detached from it and becomes mixed up with the milk sugar. Dr. Wesselhoeft calculates that with each trituration a portion of silicate of alumina, equal at least to the first contesimal, is given off from the mortar and mixed with the medicinal preparation. The other paper by Dr. J. E. Smith, treats of the impurities of sugar of milk and of triturations made with sugar of milk. It seems that most specimens of sugar of milk contain appreciable quantities of sand, evidently not introduced for the purpose of adulteration, and besides this, Dr. Smith found it to contain iron, silica, alumina, lime and occasionally other substances in quantities equal to the lower homœopathic attenuations, consequently in much stronger doses than the quantity of the medicine supposed to be in the

higher triturations. If these observations are confirmed we shall have to adopt some other method for obtaining purity and accuracy in the preparation of our triturations, for as Dr. Dake pertinently asked at the discussion on Wesselhoeft's paper: "Will the preparation in its action on the human system follow the *label*, or the drug plainly present from the walls of the mortar?" We trust that our pharmacists will give their attention to this subject and show us a way out of the difficulty.

Selections from previous works with remarks on Mr. G. J. Romanes' "Mental Evolution in Animals." By SAMUEL BUTLER. London: Trübner and Co., 1884.

THIS work contains tit-bits from Mr. Butler's previous works, "Erewhon," "Fair Haven," "Life and Habit," "Evolution, Old and New," and "Unconscious Memory," but it is especially noticeable for a few chapters on the work of Mr. Romanes mentioned in this title.

Mr. Butler has here, as also previously in a correspondence in the *Athenæum*, shown Mr. Romanes in no very enviable light. Mr. Butler's view as to memory being the great factor in producing the phenomena of heredity is or ought to be well known to all interested in the study of evolution. In 1881, Mr. Romanes, when reviewing Mr. Butler's book on "Evolution, Old and New," spoke of this view which Mr. Butler had enforced with remarkable emphasis against the very different view of Mr. C. Darwin, as "interesting, if advanced merely as an illustration, but to imagine that it contains any truth of profound significance, or that it can possibly be fraught with any benefit to science, is absurd." In 1884 Mr. Romanes publishes this book, in which he says that this very theory which he had scoffed at as absurd only three years previously forms "the backbone of all the previous literature on instinct," and he asserts that it was first advanced by Canon Kingsley in

1867, though the passage in Kingsley's article, which Mr. Butler gives, is a mere parenthetic remark and certainly does not amount to anything like advancing the theory that instinct is inherited memory; and Mr. Romanes makes no allusion to the complete and lucid exposition of the theory by Mr. Butler. Altogether Mr. Romanes does not come out well in the controversy, and we should imagine that he must have had a very bad quarter of an hour when perusing Mr. Butler's quiet but scathing exposure of his disingenuous attempt to ignore the claims of Mr. Butler in connexion with the theory which he now alleges to be the "backbone" of the literature on instinct.

The extracts from Mr. Butler's previous works given in this volume will remind those who are now desirous to forget, that the author was the first in this country to show the purposeful character of those operations in the living organism, excited by a "sense of need," which produce the living animal as well as its varieties and species, and that he, by his persistent insistance on the restoration to the organism of design which had been as persistently excluded by Mr. C. Darwin, and, unlike the theologists, placing it inside instead of outside the organism, and, by showing how the phenomena of organic life and heredity were explainable by memory of acts become unconscious by frequent repetition, furnished a plausible theory to account for the ordinary operations of the organism as well as for the "origin of species.". This theory, which introduces order and law into the facts and phenomena carefully collected by C. Darwin and other biologists which they vainly sought to account for by a theory akin to the famous "fortuitous concourse of atoms," has now almost completely superseded the "natural selection" theory of Charles Darwin. But scientists like Mr. Romanes, who have long posed before the world as disciples and worshippers of Charles Darwin, while abandoning the peculiar theory of their master and adopting the more rational teleological doctrine enunciated with such clearness and emphasis by Mr. Butler, cannot forgive the latter for his detection and exposure of the weak points of their

master's doctrine, and even while adopting his views in almost his own words, seek to deny him all the credit of his original and more rational views. We may hope that this book will now and for ever establish Mr. Butler's claims to having independently thought out the doctrines which he clearly and persistently inculcated in his three remarkable works: *Life and Habit, Evolution, Old and New,* and *Unconscious Memory.*

Throughout Mr. Butler's works we notice the most scrupulous endeavours to assign to each of his predecessors the credit that is his due in the elaboration of the theory which has at length, thanks to his unencouraged efforts, recommended itself to the scientific world. His ardour for accuracy has led him to ferret out passages from the writings of Buffon, Erasmus Darwin, and Lamarck which advocate the theory more or less obscurely, and he gives a full, cordial and enthusiastic acknowledgment of the title of Professor Hering, of Prague, to be regarded as the first promulgator of the perfect theory which Mr. Butler had thought out independently, but which with a rare generosity, since he was made aware of Hering's article, he always calls "Professor Hering's theory." Mr. Butler's conduct towards his predecessors in this field forms a marked contrast to Mr. Romanes' disingenuous endeavours to detract from Mr. Butler's claims, and his futile attempts to ignore him altogether, and to transfer to others what is undoubtedly Mr. Butler's due. But then Mr. Romanes is a F.R.S., which Mr. Butler is not, and as the latter says in his preface: "What is the good of having achieved the position of a Fellow of the Royal Society if it should still involve being obliged to be as scrupulous and accurate as other people?"

A Materia Medica of Differential Potency. By B. F. Underwood, Ph. D., M.D. New York: Chatterton Publishing Company, 1884.

Dr. Underwood has been induced to publish this volume from a desire to aid in "determining the existence of a law or guide for the selection *à priori* of the attenuation which would secure such mode of remedial action of the drug as was desired." It consists of a series of short articles on the principal drugs of our Materia Medica, each containing a preliminary statement of the morbid states in which the medicine, in lower and higher attenuations respectively, may be advantageously used, followed by a schematic list of "Specific Indications," those calling for the more material doses being marked with an asterisk. An explanation of the principle of selection is given in an Introduction. Struck by the obvious fact that apparently well-indicated drugs will cure sometimes only in the higher, sometimes only in the lower potencies, he has examined the "indications" on which they are given in the different cases, and has come to the conclusion that they are pathogenetic only in the former, in the latter being mostly clinical and empirical. He esteems these as no less valuable, however, and even homœopathic, holding that we may apply this name to all remedies which cure in small doses by virtue of a direct and specific action upon the structure or tissue of the body affected by disease. The line of cleavage he thus indicates corresponds roughly with Dr. E. M. Hale's primary and secondary homœopathy, and, like that, enables the professed follower of Hahnemann to avail himself fully of what the master would have denounced as antipathic medication, dose and all. For those who are content to practise homœopathy traditionally, so to speak, who give Aconite and Belladonna as empirically as ordinary medicine gives salines and purgatives, Dr. Underwood's volume will be useful as indicating where they must materialise their remedies to get good effects. That there is a more excellent way, however, he probably knows as well as we do.

Cough and Expectoration: a repertorial index of their symptoms. Edited by E. JENNINGS LEE, M.D., assisted by GEORGE H. CLARK, M.D. New York: Chatterton Publishing Company, 1884.

"THE object of this repertory," says the editor, "is to include under one head, and so to render more available, all the valuable and reliable symptoms connected with cough and expectoration, found hitherto scattered through many volumes. To this end a careful review has been made of the works of the most reliable authorities of the homœopathic school. A list of these is added." On looking at the said list, we find it largely made up of books which contain pathogenetic and "clinical" symptoms without discrimination. Dr. Lee's book, therefore, is not a "Cough Repertory," as that of our own Simmons is—an index to the *Materia Medica* in regard of its cough symptoms. It is a clinical guide in repertorial form, embracing everything which a certain group of authors have set down on the subject of cough in relation to medicines. As such, it can hardly fail to be useful. It has the unusual feature of references (by figures) to the authorities drawn upon, so that any one who distrusts the source may know how to act. The printing and paper are of special excellence.

An Obstetric Mentor; a handbook of homœopathic treatment required during pregnancy, parturition, and the puerperal season, by Dr. CONANT. New York: Chatterton Publishing Company, 1884.

Key-notes of Medical Practice. By CH. GATCHELL, M.D., Chicago: Gross and Delbridge, 1884.

THESE small volumes—each, however, a *multum in parvo*—are designed as companions to the practitioner in his daily work, the first dealing only with his obstetrical duties, the second embracing the whole range of medical practice,

including minor surgery. Dr. Conant's book is mainly a repertory for medicines, though hints as to adjuvants are not lacking; and there breathes throughout an air of personal experience which is pleasant and encouraging. Dr Gatchell's is really a boon. It contains everything that the practitioner must remember (and which all of us are apt to forget), expressed in the briefest possible terms, printed on the thinnest of papers, and bound in the limpest of cloths, so as to go in any pocket. We can warmly commend it.

Traité élémentaire de Matière Médicale Experimentale et de Thérapeutique Positive. Par le Dr. P. JOUSSET, avec la collaboration des Docteurs Bon, Claude, Gabalda, Guerin-Meneville, M. Jousset, Piedvache, et Tessier. Paris, Baillière.

THIS work has reached us too late for notice in our present number. In our next we hope to give it the consideration it deserves.

The Physical Education of the Blind. By Dr. M. ROTH. York: 1883.

The Prevention of Blindness. By Dr. M. ROTH. York: 1883.

Fourth Annual Report of the Society for the Prevention of Blindness.

THE above are the titles of pamphlets issued by our indefatigable colleague Dr. Roth, which testify to his unexhausted zeal in promoting the excellent object he has in view, viz. the prevention of loss of sight from preventable causes. The second pamphlet on our list contains a useful

coloured diagram showing at one view the comparative frequency of the causes that produce blindness. Chief among these is the ophthalmia of the new-born. Blindness from this cause may be almost exterminated by very simple means, as has been proved at the lying-in hospital in Vienna, where the disease of the new-born infants that causes it has been nearly, if not altogether, prevented by merely washing the eyes of the infants with a simple antiseptic lotion. Dr. Roth's persistence in advocating judicious exercises for the blind will, we doubt not, have a good effect in improving the lot of many of these unfortunates.

OUR FOREIGN CONTEMPORARIES.

AMERICA.—We continue our survey of American homœopathic journalism from January, 1882, to June, 1883.

Medical Call.—From July, 1881, we saw no more of this little quarterly till July and October, 1882. With 1883 it began to appear monthly, but the effort seems to have been too much for it, as since May in that year it has ceased to show any signs of existence.

July, 1882.—Dr. Lauborn has had excellent results from *Propylamine* in rheumatic fever, sixty cases being all he has treated since 1862. He has not had one lasting more than a week, "and generally in three days my patients can walk about without pain." He gives two drops four times a day.

October, 1882.—One of the veterans, Dr. S. K. Dubbs, claims that he, in 1839, first invented decimal preparations, and thinks he owes his success to their use in preference to centesimal ones in acute disease.

January, 1883.—Dr. Hale advises an infusion instead of a tincture of *Viola tricolor* for infantile eczema. But why, in giving directions for its preparation, should he write, "℞. *Aqua Bullienti* 8 ounces"?

Dr. Bowen continues as enthusiastic as ever about

Melilotus, saying that it will "give almost instant relief in congestion at any point or place, especially of the stomach or ovaries." He always uses pellets of the first potency. Dr. Norton has found some benefit from *Osmium* (3) in glaucoma, its homœopathicity to which was suggested to him by Dr. Allen March. Dr. Piero has in two cases found *Laurocerasus* to cause temporary impotence.

Homœopathic Physician.—This journal, the sole representative of the "pure" section of our practitioners in America, reaches us with praiseworthy regularity (the number for January, 1883, being the only one missing from the present series), and we must say improves on acquaintance.

Feb. 1882.—Dr. Lippe objects to our saying that in the presence of pernicious intermittents, Drs. Chargé and Pompili abandon the treatment they ordinarily follow, and admit that quinine must be given if the patients' livers are to be saved. With his wonted gentleness of language, he styles this "wilful misrepresentation." But we must submit that the extract he gives from the latter's essay on the subject amply bears out our allegation. He calls the practice a "testimonium paupertatis," indeed; but he proposes no substitute. In the March number the editor strikes us on a more vulnerable point when he stigmatises our fault finding with Dr. Lippe for assuming bacteria to be vegetable parasites. We beg our colleague to accept our apologies.

April.—We have here an addition to our pathogenesis of *Apis,* from the experience of a bee-keeper.

May.—Dr. Fincke defends his fluxion potencies as really centesimal, instead of unesimal as Dr. Skinner would make them out. The intolerance of our Hahnemannians crops out even among themselves. Dr. Fellger sends for insertion a letter from a Dr. Bullerow, advocating in addition to high potencies—spiritualism. The editor prints it, but remarks that he cannot endorse all it contains. Thereupon Dr. Fellger writes to withdraw his name from the list of contributors to the *Physician,* lest a conflict should occur between the two!

June.—A remarkable result is here claimed for *Lachesis.*

Dr. Boyce had said that "the difference between *Aconite* and *Lachesis* is that the *Lachesis* patient dies when he says he will," whereupon Dr. Nash remarked, "I have cured that symptom in typhoid fever with *Lachesis*." Dr. L. B. Wells finds *Ledum* very effective in removing discolourations after injury. In a case recorded the sixth dilution was employed.

July.—Dr. Ballard records two cases in which dyspnœa coming on after falling asleep was removed by *Antimonium tartaricum*.

September.—Dr. Berridge relates in detail a case of "puerperal fever followed by phlegmasia alba dolens." The case lasted from October 23rd to December 6th, and during that time received twenty-four different medicines.

October.—Dr. Fincke here maintains that "potentiation" is necessary to make medicines homœopathic.

February, 1883.—From this number onwards, a separately-paged appendix of sixteen pages contains a series of treatises by Dr. P. P. Wells on dysentery, rheumatism, &c., which alone will make the *Physician* worth having.

May.—Our ancient antagonist Dr. Lippe is becoming disgusted with the vagaries of some of his own associates, and in the reaction from key-notes, fluxion potencies, and nosodes, is becoming at times quite rational. In the present numbers he shows that single "characteristic" symptoms should be guides to, and not determiners of, our choice of a remedy. *Lachnanthes* is supposed to be specific in diphtheria where stiff-neck is present; but in a case presenting this symptom, the rest of the features corresponded rather to *Kali bichromicum*, and this medicine was given with complete success. Again, whenever throat and cough symptoms are worse after sleep, it is the fashion to fly to *Lachesis*; but *Kali bichromicum* and *Aralis* are found to have the same symptom, and the totality alone can determine which are to be chosen.

June.—Dr. J. W. Thompson reports a cure of chronic enuresis with *Benzoic acid* 200.

The Clinique.—From various causes, though we have often mentioned this journal, we have never noted its con-

tents since its first appearance in January, 1880. It reached us regularly—save in July, 1880, and December, 1882—for the first three years, but 1883 brought us the numbers for January, March, August, and September only, and during the present year we have not seen it at all. We miss it much, as it is one of the most practical of our periodicals, giving us the best work of one of the best of the American colleges, the "Hahnemann" of Chicago. We will survey it from the beginning up to April, 1882.

March, 1880.—Dr. Ludlam reports a case of interstitial uterine fibroid in which the growth of the tumour was arrested and the patient's general health greatly improved, by *Irillin* 3x. Dr. Hawkes, having to treat a case of hay-fever following on an intermittent treated allopathically, found that *Natrum muriaticum* would have been the remedy for the one, and gave it with the best effect for the other.

April.—Dr. Ludlam has much reliance on *Arsenicum iodatum* (he calls it "jodatus") and *Mercurius corrosivus* in uterine epithelioma, not as curative but as comforting and staying progress. Dr. Laning relates a case which seems one of acute hydrocephalus recovering under *Calcarea* and *Helleborus*, both in the 30th.

August.—Dr. Hoyne has found much benefit from *Condurango* in syphilitic ulceration.

September.—Dr. Hawkes believes that every patient who has vertex headaches, with heat there, burning in the soles of the feet in bed; hot flushes; and "gone, empty feeling," about an hour before the midday meal, can be cured by *Sulphur* no matter what his ailment may be. He here records a case of enuresis of thirty years' standing so characterised and having the additional feature of dating from the suppression of itch by an ointment. *Sulphur* caused immediate improvement and in a twelvemonth a permanent cure resulted.

January, 1881.—Dr. Ludlam has great faith in *Secale* (2 and 3) in sub-involution of the uterus. He here gives a case in point.

(*To be continued.*)

MISCELLANEOUS.

Another Specific for Cancer.

By Dr. Ignacio Alcebiades Velloso.*

One of our able physicians, Dr. Ignacio Alcebiades Velloso, has sent us the following paper, which we beg may be copied by all our contemporaries throughout the empire as one of immense importance to humanity on the subject of which it treats.

He says: "Wishing to render some service to science and to humanity, I beg to bring to your notice the effects of a plant that is almost unknown but which, from its therapeutic properties, is destined to take an important place in the *Flora Medica* of our country (Brazil). I therefore send to you, Mr. Editor, a short account so that you may make it public.

It is of the cure of ulcerous *cancers* by the topical application of a plant of the family of the "Euphorbia," a common shrub in the central parts of our province.

The plant is known by the name of *Alvelos*, and ought to be considered now as a specific in the treatment of this malady.

The marvellous effects of this plant having been spread abroad in the town (Recife), I resolved to investigate the facts, and I soon became convinced that in reality one of those great therapeutical discoveries had been made and had come to light by mere chance.

Amongst other cases there was a noteworthy one, not only on account of the rebellious nature of the disease but from the social position of the patient. He was a magistrate of distinction, who had suffered for a considerable time from an *epithelioma* on the face. Having lost all hope of cure he retired from the town to his country place to wait resignedly the inevitable end of his sufferings, whence he returned in a short time perfectly cured by

* Translated from the *Journal de Recife* by A. Neilson, Birkenhead.

the topical application of the juice of this plant, which is vulgarly called *the milk of Alvelós.*

Such an extraordinary result induced me to employ the same substance in the treatment of two patients who were in the *Hospital Pedro II*, suffering: the first from a cancroid on the back of the nose, of the size of a filbert, of a *fibro-plastic* nature, the other from *epithelioma* of the lips, constituting a horrible deformity, most annoying to the patient and repulsive to all who came near him, and which threatened ere long to terminate his existence.

In the absence of the fresh plant I made use of the juice that I had sent for from the interior of the country, and in a few days I had the pleasure of witnessing its beneficial effects, and in forty days the first patient was cured.

The second patient I handed over at this time to the care of the distinguished Dr. Estevão Cavalcante (who, re-established in health, now resumed his duties at the hospital). My colleague continued the application of the same remedy and in less than two months the second patient was cured much to the surprise of the other medical men of the establishment and of many others of the profession who were in the habit of visiting it.

After such results, I am forced to call the attention of the Faculty to the properties of this plant, as I am convinced that they will never have to regret its application in any case of ulcers of a cancerous character, and it appears to me that great results in a similar malady affecting the neck of the uterus may be looked for.

The action of the juice of the *Alvelós* is irritating, as is that of all the plants of the Euphorbian family, producing an eruption on the skin, inflammation, which considerably extends, without the patient complaining of severe pain. The best mode of applying is a slice from the fresh plant laid on the part that is to be destroyed. After the first application salutary effects were perceptible, the morbid tissues were destroyed, regular cicatrisation ensued and the amelioration went on to a total cure.

During the treatment of these patients no internal medicines were administered and the curative effects were entirely owing to the topical applications of the "*milk of the Alvelós.*"

The following is the mode of applying it: When the plant can be had a small slice of the stem is placed upon the part affected,

allowing it to deposit a little of the juice, and left exposed to the air.

After twenty-four hours the part is washéd with a tepid infusion of tobacco, and after some minutes it is covered with lint, moistened with arnica and water. Keeping it thus moist for twenty-four hours it is again washed with the same infusion and after that a fresh application of the juice and thus proceeding till the cure is effected.

When the fresh plant cannot be obtained use the juice of the same, touching the parts, here and there, with a fine pencil or even the point of a toothpick, and following the above routine.

The treatment thus being *one day the application of the milk and the other the moistened lint.* The application of the lint may be omitted and the juice used daily, washing only on its renewal with the tobacco infusion.

In that case the curative process is more rapid but the inflammation becomes more *intense,* and the intensity of it will have to be regulated by the physician having regard to the organs in the vicinity of the affected part.

A Clinical Confirmation. By J. Drysdale.

Some months ago a young woman otherwise in perfect health presented herself with numerous warts on the hands. I ordered forty tablets, each containing two grains of the sixth centesimal trituration of *Lycopodium,* with directions to take one daily at bed-time. The warts soon began to shrivel and by the time the tablets were finished they were gone. This confirms the reputation of *Lycopodium* against warts and shows that no mysterious potentising by great dilution is necessary to bring out its therapeutic power

Homœopathic Hospital at St. Leonard's.

We are glad to learn that the Buchanan Ophthalmic and Cottage Hospital, St. Leonard's-on-sea, is approaching com-

pletion. The new hospital will contain seventeen beds, and two of the wards will be specially adapted for eye cases. The greater part of the cost has already been subscribed but upwards of £1000 is still needed, and the trustees are anxious that this should be raised before the hospital is opened. Subscriptions may be sent to the Treasurer of the hospital, 24, Southwater Road, St. Leonard's-on-sea.

Effects of Quinine.

Dr. Galassé "has seen in some cases paralysis of the heart follow the continued and inopportune use of the salts of quinine; and in others, chiefly in old people, vesical catarrh." (*Boletin della reale Accad. di Med. di Roma*, 1882.) This is significant, as weak heart and vesical catarrh are both diseases in which the best effects are said to follow the administration of quinine (see *Ziemssen's Cyclop.*, vol. viii, p. 697).

Action of Quinine on the Ear.

Kuchner found that quinine produces on the ear of many animals (guinea pigs, mice, &c.) congestion and hæmorrhage. It is well known to cause deafness in many persons who have taken a large quantity of it. K. found that in persons injured in this way by quinine, the membrana tympani was of a tendinous whiteness, which he supposes to be the result of chronic inflammation of the drum, with thickening of the internal aspect of the membrana tympani. Labyrinthine troubles are also produced by quinine and indicate an organic lesion of the terminal apparatus of the auditory nerve. Kuchner concludes from his observations that the deafness produced by quinine does not tend to get well of itself, but he is ready with a whole series of appliances to cure it artificially. Whether his local bleedings, mercurial ointment, tincture of iodine, &c., will do this, we shall not undertake to decide. (*Berl. klin. Wochensch.*, 5th December, 1881.)

OBITUARY.

HENRY R. MADDEN, M.D.

It is now more than twelve years since, in the physician whose name heads this notice, British homœopathy was deprived of one of its brightest ornaments and most efficient workers. Then a paralytic stroke in a moment made him "dead to name and fame and use," though he lived on in the loving appreciation of his family and intimate friends. Now death has robbed them of even his presence. Our colleague died at Bath on the 29th of February, after a short illness.

Henry Ridewood Madden was born at Devizes on March 10th, 1818, so that he had nearly completed his sixty-sixth year. His father was an officer in the army, who after his retirement therefrom settled at Leeds, where his son Henry received his education at the Town Grammar School. From thence he went to Edinburgh to study medicine, and graduated at the University in 1839. He began practice at Penicuick, a small town ten miles from the Scottish capital. While there Professor Henderson's conversion to homœopathy occurred, and Dr. Madden had too much respect for his former teacher not to examine the grounds of his new faith. The result was to inspire him with a similar confidence, and to determine him to seek a suitable sphere for practising the method of Hahnemann. Dr. Fearon was at this time leaving Brighton for Birmingham, and the south-coast watering place afforded just the opening required. Before settling there, however, Dr. Madden visited Vienna for the purpose of acquiring a practical knowledge of homœopathy in the celebrated hospital of Gumpendorf at that time under Dr. Fleischmann's care. He had then for fellow students during the winter of 1844-5 the late Dr. Hilbers, afterwards his colleague in Brighton, and Dr. Dudgeon, with whom he lived in the same house, and with whom he studied the materia medica

and talked over the interesting cases seen at the hospital. The survivor of this studious triumvirate always recalls with pleasure the great benefit he derived from this six months' intercourse with the deceased, whose vigorous intellect and well-stored mind served to smooth many of the difficulties that beset the student of homœopathy.

From 1845 to 1863, Dr. Madden practised at Brighton and acquired the confidence of a large *clientèle.* The stress of continued work, not confined to that of his profession but extending into several fields of study and of practical beneficence, at last broke him down, and in April, 1863, he sailed for Australia, in the hope of finding there the rejuvenation its climate so often brings. He was not disappointed, and was able to undertake a good deal of professional work at Melbourne, and to return to England in 1866, looking and feeling ten years younger, He settled in London, and once more built up a large and lucrative practice, becoming also physician to the Hospital and honorary secretary of the British Homœopathic Society. He was elected President of the second of our Congresses since their revival in 1870, and had prepared his address, when the stroke of which we have spoken laid him low. He has since then lived in retirement, first in St. John's Wood, then in Devonshire, and last at Bath, in whose Abbey Cemetery all that is mortal of him now reposes.

Dr. Madden was a man of whom it is difficult to speak warmly enough. His writings in this journal, dating from 1847 down to 1871, show what manner of man he was intellectually, how full of knowledge, how earnest in thought, how lucid and instructive in expression. No better gift could be bestowed on homœopathy, no worthier memorial be raised to him, than a collection of his essays from our pages and from those of the *Monthly Homœopathic Review*, of which for some little time he shared the editorship. They would do much to smooth the difficulties of inquirers and to enlarge the conceptions of the actual practitioners of our system. As a physician, Dr. Madden inspired the confidence alike of his patients and of his colleagues. His acquaintance with scientific medicine and with actual disease was large, his diagnosis most careful, his treatment, medicinal and general, always felicitous. Had he been spared to us, he would have been a tower of strength to our cause in this country, and his

public spirit and readiness for work would have found abundant and fruitful opportunity. *Dis aliter visum.*

Of what he was to his family, of whom a widow and thirteen children remain to lament his loss, it is not for us here to speak. But the two senior editors of this journal, as having been admitted to his peculiar intimacy, must say what they have known of him as a friend. They must speak of the conscientious, devoted, self-denying life, living "ever in his Great Taskmaster's eye"; of the thirst for knowledge, the love for all that was beautiful, the generosity, the helpfulness. No purer and nobler soul walked this earth. The very impulsiveness which sometimes weakened his intellectual and practical decisions arose from the singular candour and simplicity of his nature. He was incapable alike of meanness and of scornfulness, and, honouring all, lives in the honour of all.

The death of Dr. Madden reminds us once more that the older race of homœopathic practitioners, the pioneers of homœopathy in this country, are fast disappearing. Let us hope that a younger race of equally zealous supporters and upholders of the great truth in therapeutics bequeathed to us by Hahnemann is ready worthily to occupy the places so long and efficiently filled by our departed and departing seniors, that the great reform will be carried on as vigorously and successfully in the future as it has been in the past; and that ere long homœopathy may be generally acknowledged to be the key to all rational therapeutics.

BOOKS RECEIVED.

Transactions of the Homœopathic Medical Society of the State of Pennsylvania. 19th Annual Session, 1883.

Transactions of the American Institute of Homœopathy. Session, 1883.

Selections from Essays on Health-Culture and the Sanitary Woollen System. By GUSTAV JAEGER, M.D., London, 1883.

Dr. Gustav Jaeger's Clothing Reform for Men, Women, and Children.

The Sanitary Condition of Glasgow. By G. W. MUIR, Glasgow, 1883.

A Treatise on Intracranial Diseases. By C. P. HART, M.D., Philadelphia, 1884.

Hoyne's Annual Directory of Homœopathic Physicians of the Western States for 1884.

New Commercial Plants and Drugs. No. 7. By T. CHISTY, London, 1884.

A Monograph on Lateral Spinal Curvatures. By E. C. FRANKLIN, M.D., St. Louis, 1883.

Annual Report of the Homœopathic Hospital, Melbourne, 1883.

Fourth Annual Report of the Society for the Prevention of Blindness. London, 1883.

Boston Morning Journal, Feb. 14th, 1884.

A Treatise on Uterine Displacements. By S. J. DONALDSON, M.D. 2nd edit., Boston, Clapp, 1883.

Dr. M. Kranz on Wiesbaden and the effects of the Mineral Waters on Gout, &c.

Revista Homeopatica Catalana.

The Calcutta Journal of Medicine.

Boletin Clinico del Instituto Homeopatico de Madrid.

The Medical Counselor.

Rivista Omiopatica.

Revue Homœopathique Belge.

The Monthly Homœopathic Review.

The Homœopathic World.

The Hahnemannian Monthly.

The American Homœopathic Observer.

The North American Journal of Homœopathy.

The New England Medical Gazette.

Bulletin de la Société Méd. Hom. de France.

Allgemeine homöopathische Zeitung.

Homœopathic Journal of Obstetrics.

El Criterio Medico.

New York Medical Times.

The Clinique.

Bibliothèque Homœopathique.

L'Art Médical.

The Homœopathic Physician.

Indian Homœopathic Review.

The Regular Physician. No. 1.

THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

ON CRUSTA LACTEA.*

By Dr. Hahnemann.

This troublesome disease, which attacks chiefly children, I have often seen treated. Generally, as is well known, of late the three-coloured violet (viola tricolor) has been used, and I must confess that I have often seen benefit and sometimes a complete cure by it, only that in the former case relapses usually occurred, and in the latter, in which the disease completely disappeared, not unfrequently a quarter or half a year was required for the treatment, and it was often doubtful what circumstances in this length of time had conduced to the happy result.

Many a one who attaches great importance to preparatory and alterant treatment in cutaneous affections would be pleased to employ such a remedy, which acts so slowly, though not often with perfect success. He thinks that in this way he goes to work with greatest certainty. In this affection in particular such a gradually acting remedy is looked upon as advisable, because the seat of the disease is

* Blumenbach's *Medicinische Bibliothek*, iii Bd., pt. 4, p. 701, 1795.

supposed to be in disordered juices and a morbid condition of the whole body. Now, it cannot be denied that in a delicate atrophic child this disease spreads more around, and may be more difficult to cure (even with viola tricolor); but just as certain is it that it often quickly attacks the most healthy children, who also may be subject to it for a good long time before they suffer materially in health, if their strength be kept up by appropriate means. This observation, which is borne out by experience, makes the humoralistic origin of this disease very doubtful, but still more will the following case:

I had been living for some time in the country, where my children enjoyed perfect health. There were in the village four children affected with a very severe form of crusta lactea. In order to avoid other disagreeables my children had no communication with the village children except at a distance. For a quarter of a year they remained free from all disease, but one boy, who wished very much to be among them, was the worst case among the village children. My children were warned never to allow him to enter the house, which he was always wishing to do. One day, however, he succeeded in coming among them, and I became aware of his playing with them. I sent him away, but the infection had already taken place. The following day I saw my oldest child (she had kissed the boy) already affected with pustules at the commissure of the lips. These increased the same day. I purposely allowed the eruption to spread for three days, when it had involved the cheeks, the forehead, the eyebrows, &c., and exuded much matter. I expected the infection of the other children, and was not disappointed. In a few days all these were covered with it, one more than the other. I now took dry liver of sulphur (powdered oyster shells mixed with equal parts of sulphur and kept for ten minutes at a white heat) and poured on it warm water. This makes a mild weak solution. With this I moistened the face of the two who had the eruption most strongly every hour for two successive days. I noticed that after the first application the malady stood still, and on the second day of its use in

the morning all was dry and ready to fall off, and, indeed, had partially desquamated. The second day, as I have already said, I continued the treatment until the evening. In the two other children I only commenced to use the remedy after these two days. Whilst the disease had begun to heal in the first children it had increased in the other two. I applied the remedy the first day only on one side of the face, and it had a perceptible effect; on the other side the disease had increased. But, in order to prevent the cured cases running the risk of a new infection I commenced on the second day to apply the medicine thoroughly. In two more days I had effected a cure of these two.

My four children were rapidly cured without any bad consequences, and they are still (after six months) perfectly well. Since then, however, I have sought to keep them out of the way of infection with crusta lactea.

The remedy when applied to the skin becomes gradually decomposed by the action of the air, and sulphur-liver gas (sulphuretted hydrogen) is developed with a fetid smell, which, as is well known, is rapidly fatal to most insects.

Is not crusta lactea a cutaneous disease caused by infection? Has not the infection a miasm of minute animals? I hardly expect to meet in practice with such another opportunity of answering these questions positively in the affirmative as this, which was so completely within my cognizance.

In six days after first commencing the use of the remedy my children's faces showed no trace of cutaneous disease. They got no purgatives nor any other medicine as they were otherwise quite well, and well they remain.*

* On account of the similarity I will here relate the following case:—A servant girl (who had been infected by a newly arrived maid) had had the itch for six days; one arm and hand were covered by it, and the disease was commencing between the fingers of the other hand. I made her wash both arms three times a day for two days with the above solution; she was cured without any after effects, and the girl who infected her was cured by the same means, but in her case the treatment lasted eight days. Is the disease caused by skin insects, and if so what harm can it do to kill them provided we do so with medicines that possess no power in themselves to do harm to

ON SUBSTITUTES FOR CINCHONA.

By Samuel Hahnemann.*

It is melancholy that medicine has till now remained so much in its infancy that it has been thought possible that there are substitutes for cinchona bark, and that the idea has met with approval. He who thinks so does not know this bark.

The same delusion which has from time to time proposed to substitute for Peruvian bark now willow bark, now oak bark, now horse-chestnut bark, and many other vegetable substances, has given birth to the latest recommendation—Breitfeld's substitute.

"What," said the proposers of willow bark—"what if the constituents of cinchona bark are absent in the white willow, especially in the bark of its young branches? Does not one taste in the willow bark a distinct aromatic, a bitter, and an astringent substance? Does it not tan leather just as well, does it not make ink with green vitriol just like cinchona bark?"

Friend! the aroma of the willow bark differs in taste and smell from that in cinchona bark; the bitterness is much more marked in gentian, and I make you a present of ink stuff and tannin in willow bark; we have these in gall-apples and in tan of oak, as also in tormentil root and snake-weed much stronger than both are in willow or cinchona bark.

Well, then, since one aroma is as good as another and one bitterness is just like another, take calmus, gentian,

the body? Physicians have been all too ready to ascribe to the suppression of certain skin diseases effects which were the result of some cachexia, &c., which was coexistent, and which remained uncured!

An old bone affection was rapidly cured on my becoming aware that it was complicated with itch. I dressed the sore as usual, but washed the body all over with the above solution.

* *Hufeland's Journ.*, xxiii, pt. 4, p. 27, 1806.

and gall-apples, mix them together and there you have a compound which is undoubtedly twelve times as aromatic, bitter, and astringent as cinchona bark, and yet look you now! in all eternity it will never become cinchona bark, it never will and never can display the peculiar medicinal effects of this most remarkable plant. This mixture may certainly succeed in suppressing and even curing some kinds of agues (as does willow bark)—it may *suppress* them often for a considerable time, just as can occasionally be done by many bitter and styptic remedies such as alum, tormentil, and wormwood, but sometimes the fits return, sometimes injurious consequences result from the suppression, which are worse than the fever itself—but it is very *rarely* that such a mixture can *cure* without damage, and then the ague must be just such a one as the remedy is suited for; the much more numerous and various kinds of ague for which cinchona bark is adapted, it cannot, like the latter, cure easily, rapidly, and without after-sufferings. It is just the same with willow bark and all the other febrifuge drugs.

"Kinds of ague!" I hear someone say, "What heresy! In our standard works on medicine only *one* kind of ague is admitted. Medical men only acknowledge *one*, only varying by an earlier or later recurrence of the paroxysms."

Well, the *first* thing to be asked is, does nature allow the doctors to forbid her to produce this or the other disease? If this must be answered in the negative, and if it be considered that nature is at liberty to produce more kinds of ague than the single kind admitted into our books, then comes the *second* question: has nature really already produced several essentially different kinds of ague?

This might have been easily proved historically, if physicians had only been more accurate in differentiating the symptoms of these fevers, and had carefully described the whole extent of the phenomena presented by each of the cases of ague they had seen. Some have indeed been more careful in their descriptions, and from these every man not chained to a system must notice the great, the

striking differences between the different kinds of agues; but we shall resort to a more instructive mode of indicating that *ab eventu.*

Why does cinchona bark cure many cases of ague so easily, without any relapses? Why does it leave others, in which an equally good regimen has been kept, uncured, or cause in them injurious consequences (disordered appetite, bitter eructations, dyspnœa, exhaustion, cachexia, swelling of the feet, restless sleep, irregular bowels, &c.)?

Answer—because cinchona bark was suitable for the first class of cases, they being the ague for which it is, and will always remain, the proper remedy; the last cases, on the contrary, were other kinds of ague for which other remedies are adapted, but not cinchona.

The same effects observed in the same subjects *must* proceed from the same causes;

The same causes *must* in this case produce the same effects, as long as the world lasts.

If the same effects ensue (here cures of agues) not otherwise than by the employment of different forces (here: besides cinchona, by the employment of another febrifuge) then the subject operated on *must* have been different (the disease must have been of a different kind; here, then, we have different kinds of ague);

Or, with the same force (*e.g.* cinchona bark) quite different effects are produced (on the one hand a cure, on the other no cure), in this case the subjects operated on *must* have been different (the diseases to be cured must have been different—different kinds of ague).

Two agues which yield to cinchona bark with equal facility and without after-sufferings, *must* be of the same kind.

[Of two agues of the same kind (*i.e.* with a totality of identical symptoms) treated in the same way with cinchona bark, one cannot be cured while the other remains uncured—but both must either remain uncured or both must be cured by it with equal facility and without after-sufferings.]

Two agues, of which one is cured by cinchona bark as easily and as completely without after-sufferings as the

other is by James's powder, must have been different kinds of ague.

Because cinchona bark in marsh intermittent fever cures so easily, so quickly, and so without suffering (*i.e.* so specifically) there can be no substitute for it in this disease.*

These are axioms that admit of no doubt.

The kinds of ague which cinchona bark (given without any admixture and alone) does not cure, or in which it leaves a tendency to relapse and after-sufferings, are kinds of ague not suited for cinchona, and are curable by other medicines; one medicine cures one ague, another another, which are incurable by cinchona bark.

Moreover, these other ague-medicines (besides cinchona) must not be confounded with one another, if an easy, rapid, thorough cure is to be effected. That kind of ague which masterwort cures, will not be cured by the internal employment of muriatic acid; that which gentian cures cannot be eradicated by belladonna; that kind which capsicum cures thoroughly and rapidly, nux vomica will not; that which is easily and completely mastered by chamomile, remains uncured by sal ammoniac; the kind of ague easily curable without relapses by the half oxyde of antimony (James's powder) resists arsenic; ignatia cures a kind of ague which remains incurable by mercury, and that kind of ague whose proper remedy is opium is not to be conquered by ipecacuanha—whilst, on the other hand, ipecacuanha, mercury, arsenic, sal ammoniac, nux vomica, belladonna, and muriatic acid are each capable of curing other kinds of ague easily

* From the circumstance that mercury in its most powerful preparation usually cures unsophisticated venereal disease rapidly, permanently and without after sufferings, *i.e.* specifically, it is obviously *impossible* (seeing that the same effect in the same subject to be operated on is to be expected from one and the same cause) that any remedy, except mercury, can be discovered, by which a venereal disease originating from chancre-poison (and not previously treated with mercury) can be easily, without after-sufferings, and permanently cured. But venereal diseases which, by the abuse of mercury, have been changed into other diseases are not (pure) venereal diseases, and require for their cure opium, hydrochloric and nitric acids, hemlock, clematis, mezereum, walnut shells, chelidonium, quassia, sarsaparilla, &c.

and rapidly (*i.e.* specifically) which are either not suppressed or only with great difficulty and after-sufferings by bark.*

Do not these perfect cures performed by such a variety of medicines postulate the existence of *very different kinds of agues?*

Is it necessary to ascribe to an ague which will not get well under cinchona, for instance, a peculiar *obstinacy* like that of a pig-headed living man? If anyone is so stupid as to search for the reason of the incurability of an ague by cinchona, not in the peculiar character of the fever, but in its moral obliquity, he must attribute to this kind of ague a peculiar amiability or good humour if it permits itself to be cured easily and quickly by chamomile.

No! the ague which cinchona could easily and quickly cure was an ague for which cinchona is the true remedy; it *must* cure it by virtue of its peculiar mode of action and by virtue of the kind of ague being specially adapted for the peculiar curative action of cinchona.

From an identical remedy and an identical disease an identical curative effect must result. If the cure of an ague does not take place, if new† morbid symptoms and relapses occur during the treatment, though cinchona alone was employed, it follows incontrovertably that as the same power, *i.e.* the same medicine, was employed, in the case under treatment, the kind of the ague must be different, inasmuch as an injurious effect has been produced. But let us treat this peculiar kind of ague with a medicine suitable for it, and it will be easily and quickly cured without after-

* Even the easy cures of agues, without after-sufferings, by apparently very similar remedies, performed, some by buckbean, others by wormwood, some by willow bark, and others by horse-chestnut bark, some by angustura, others by mahogany bark, presuppose kinds of ague which offer to the competent observer some essential differences in the array of the symptoms of each of them.

† The abuse of this bark in agues not suited for cinchona often causes them to degenerate into bad febrile diseases, which are composed of the after effects of cinchona bark, in which other antifebrile medicines must be employed, and in which the continued use of cinchona must naturally do as much harm as the continued use of mercury in the diseases perverted and altered by the abuse of mercury.

sufferings, as easily, as quickly and as little liable to relapse as the kind of ague suited for cinchona is cured by cinchona.

But hitherto the art of medicine has not differentiated the various agues—it has always accepted only *one* kind varying only by the earlier or later occurrence of the paroxysms. Just as though nature must regulate herself according to the views of our narrow-minded pathologies, and not presume to produce in the human body more than one single disease of this sort, in order not to render the task of distinguishing difficult to the physician. But nature does not regulate herself to suit our love of ease and comfort. She produces innumerable varieties of nameless morbid states, and does not regulate herself in conformity with our *new and unaltered* editions of pathological manuals.

Cinchona bark has to thank for its great reputation as a febrifuge the circumstance that it is peculiarly, and so to speak, exclusively and almost unexceptionally adapted for the kind of ague which is of most common occurrence in the world, for that kind which is produced and kept up by exhalations from marshes, especially in autumn—a kind of intermittent fever which differs vastly from all other kinds of sporadic ague that arise and are kept up by other causes in other, not marshy, situations. For these latter cinchona bark is more hurtful than wholesome, except when one or other of them presents an array of symptoms closely resembling that kind which prevails sporadically in a marshy atmosphere.

But these very different kinds were never distinguished—all were thrown together and given a common name, in order that they might be all the more conveniently treated or mistreated after one plan.

Physicians have never yet furnished a true account of the morbid states specifically removable by cinchona; they have never given an accurate picture of the kind of ague for which cinchona is the suitable remedy, so that on tracing the totality of the symptoms of a given case of fever, we could say: "*here cinchona must cure easily and rapidly,*"

with a certainty for which the physician would stake his honour and even his life!

Were this kind precisely known, we could tell at the first glance, at the first trial, on finding an ague differing markedly from this, that it was not curable by cinchona bark; on the contrary, that its employment would be followed by relapses and after-sufferings. Then we should not see so often, what still daily takes place in the most celebrated hospitals, this expensive, heroic medicine given in agues for which it is unsuited, and three, four, twelve, and fourteen relapses occurring, with all the other morbid affections from the same source invariably attending such relapses.

But though cinchona bark has been used for upwards of 150 years, to this hour the kind of ague suited for cinchona is not accurately known; how then shall the other kinds of ague for which other febrile remedies are adapted be distinguished in practice?

The absence of such distinguishing classification of agues has allowed the introduction of substitutes for cinchona bark, and is the cause of the recommendation of the above alluded to Breitfeld substitute for cinchona.

I will admit (though in the recommendation of a new medicine the successful cases are generally exaggerated) that, as is stated in an extract from a letter of Dr. F—, of Berlin, twenty-one cases of ague were successfully treated by it in the Charité Hospital. This much, however, is obvious, that these were not cinchona agues, for they were cases where, in spite of cinchona, relapses had occurred three, four, twelve to fourteen times, where consequently cinchona was not the specific remedy. Well, then, as the Breitfeld powder, as is alleged, was of service in most of these cases of ague which bade defiance to cinchona, it follows (if we can put perfect confidence in the report) that this powder can cure a kind of ague, not that for which cinchona is the proper remedy, but one of those kinds in which cinchona is not serviceable, consequently it must not be termed a substitute for or surrogate of cinchona bark. If physicians will prove that any substance is a substitute for cinchona they must—

1st. Know how to characterise exactly the kind of ague in which cinchona is the specific remedy exactly suited to all cases, and

2nd. They must have made a comparative trial of cinchona and the proposed remedy in this accurately-defined kind of ague.

But this has never been done—not by any of those who have lauded any of the proposed substitutes for cinchona.

The most that has been done is to show us that these things were of use in cases where cinchona was hurtful, or, at least, not useful, and thereby the very opposite of what it was wished to prove, was proved, viz. that the proposed substitute was capable of curing a completely different kind of ague to that for which cinchona is suitable, hence that whatever else it is, it is not a real substitute for cinchona.

Now, if more consideration had been bestowed on the subject the *a priori* impossibility of discovering a substitute for cinchona might have been perceived.

Plants may serve as substitutes for one another as regards their common constituents, but not in respect to the peculiar qualities bestowed by the Creator on each of them, not in respect to their medicinal power, which makes of every one of them a peculiar irreplaceable individual.

Plants have many constituents. Some of them are common to *almost all:* vegetable acid, potash, lime, &c. Other constituents are possessed by *most plants:* gum, inkstuff, &c. Others are common to *many* plants, only in different proportions: nutritive substances, oil, sugar, gelatine, starch, &c. Other constituents, again, are found in but few plants, such as the matters forming ammonia, phosphorus, tannin, and some common colouring matters. Most other colouring matters are the property of *single* plants. The yellow of sawwort has quite other physical, and even chemical, properties than, *e.g.* the yellow of rhus cotonus, of quercus nigra, of Orleans, of weld, of turmeric, &c. Each has some peculiarity that cannot be *perfectly* replaced by any of the others.

In the class of nutritious plants there may, no doubt, be

substitutes. The number of food plants useful for cattle is great. But, on the other hand, how limited is the number of those useful for sheep! Much more limited is the number of plants suitable as food for man; but here, too, we may have surrogates. Man can become strong and healthy just as well when living on roasted cassava-root as on roasted bread-fruit, as well on rice as on sago and Iceland moss, as well on maize as on barley and wheat, on rye as on barley and oats, on manna-groats as on darnel. But there is a mighty difference in the nutritive power of wheat and potatoes, of maize and turnips.

Among the colouring matters and tannins there are still fewer true substitutes. Woad and indigo are not perfect substitutes for one another; the lustre of the latter cannot supply the place of the firmness and adhesive power of the former. The leather tanned with tormentil-root has advantages over that tanned by oak-bark, and that made with snake-weed is superior in pliability to both the others.

All the substances I have named may be separated from the plants by technical processes, or they may be obtained tolerably pure by chemistry, but the true specifically acting (dynamic) medicinal principles in the plants can never be extracted in a pure state by chemistry, nor by any other process or manipulation.

The specifically endowed medicinal principle of plants dwells oftener and in a more concentrated condition in their volatile oil than in their resin, oftener in their resin than in their gum; but it only dwells in them. It is not the volatile oil, nor the resin, nor the gum; it is not that part of the plants that has a taste or a smell, though it is found in both these situations.

It dwells in the plants almost like the soul in the body.

Every powerful medicinal plant is inhabited by a peculiar medicinal power, a specific medicinal principle, which is not to be found in any other kind of plant.

For the very powerful vegetable medicinal substances no surrogates, no true substitutes, are conceivable. Each causes its own series of corporeal changes.

Doubtless some kinds of plants show some similarity in

their properties (as in the genera matricaria, chamomilla and parthenium), but they are by no means identical.

On the other hand, the powerfully medicinal kinds of plants separated from one another by natural classification are each endowed with such different medicinal principles that no one kind can, without Bœotian short-sightedness and without doing violence to nature by crass misconception, be substituted for another.

As men's lives are concerned in this matter we require much more minute, much more careful observations of the differences of medicines. We cannot rest contented with expressions that savour of classifying together essentially different things, and confounding one thing with another, such as "strengthening medicines," "tonic bitters," "fever medicines," where extremely different medicinal substances, on account of some physical or chemical similarity, are regarded as identical, and used promiscuously. We must go more carefully to work with these than with substitutes for colouring matters and tan-stuffs.

If humanity and its health are of importance to us we must carefully note the peculiar properties and the mode of action of each individual vegetable drug, for the medicinal powers inherent in them can never be separated from them as a material entity, can never be immediately presented to the external senses.

It will then be evident that in respect to such powerful medicinal substances as cinchona, there can be no question of substitutes or surrogates,—it will be understood that as a willow-tree is not a cinchona-tree, just as little can willow-bark have the same medicinal action as cinchona-bark; in a word—that cinchona-bark cannot be honestly replaced by anything but cinchona-bark itself.

Each of the falsely characterised substitutes for cinchona may be capable of curing a certain kind of ague appropriate to it, but that kind of intermittent fever peculiar to marshy districts is curable by no medicine on this earth so easily, so quickly, and so completely without after-sufferings, as by cinchona-bark.

This fever presents more or fewer of the following sym-

ptoms: bitter eructations after eating with clean tongue; anorexia with constant loathing of food; headache, which is hardly noticeable when perfectly at rest, but is instantly violently aggravated by the least movement of the body or head; during the chill yawning, stretching (sneezing); blue circles round the eyes and blue nails; slow flow of ideas; not clear tone of voice; painful sensitiveness of the periosteum of all the bones (likened to a kind of drawing); painful sensitiveness of the skin of the body; tendency of the limbs to go to sleep even when but slightly bent; and thirst for water; during the heat distended veins on the hands and in the bright red face; sleep during the heat with snoring breathing, wheezing in the trachea, with half-open mouth and short expiration—at last sweat, especially on the nape and back, followed by dark-coloured urine which deposits a brick-red sediment.

All other kinds of ague, the more they differ in their symptoms from the above species of fever the less they require cinchona and the more other febrile remedies, according as one or the other of the latter is capable of combating this or that group of symptoms most specifically. *Hoc opus, hic labor.*

WHAT ARE POISONS? WHAT ARE MEDICINES?

By Dr. Samuel Hahnemann.*

The common folk never emerge from childhood. What are medicines to the instructed physician, to them are ever poisons. As the child must be warned against the cataract knife, which is indispensable and of great value to the oculist, so must the mass of non-medical persons be warned against a number of substances in our works on toxicology which are

* *Hufeland's Journal*, xxiv, 3, 40, 1806.

known to the true physician as his best, most valuable, and most indispensable implements.

If we did not look at creation in such a superficial manner, but if, possessing a thorough knowledge of created things, we were to consider each one carefully and accurately, and impartially investigate its properties, as also the relations of every individual one to its fellow-creatures, we should come to learn that most of them have been created for wise purposes and for the benefit of many other creatures, but especially of man; but of the other, less perfectly known things, we may infer with some probability —the conversion of which into certainty is merely delayed by the weakness of our senses and judgment—that they also are necessary ingredients in the ineffably wise plan of God, that they are created for the weal of all, and especially for that of man.

What a number of birds, for example, were until quite lately regarded either as useless or as altogether injurious. They were persecuted, and with the sanction of the authorities nearly exterminated, until the excessive production of many insects, beetles, caterpillars, &c., which were much more injurious, and for keeping down which these birds were designed by the Upholder of all things, caused princes to regret that defective insight into nature had prevented them seeing the beneficial action of those unappreciated birds, rooks, jays, tomtits, sparrows, &c. It was supposed that no creatures were so injurious and so deserving to be killed as owls; but their great usefulness in destroying field-mice was unknown. In like manner frogs, toads, and spiders are still detested and destroyed, and yet the first mentioned renders us immense service by diminishing the number of snails, and the last named is of great use to us in keeping down the horribly prolific swarms of stinging insects, such as gnats, &c. For centuries cobalt was hated by the miners. It was believed that it was made for the destruction of the workers, it robbed silver when it was being melted, suffocated the miners, &c., until at last a deeper insight into the nature of minerals enabled men to employ it in blue-dye works, the

utility and richness of which now exceed those of many gold mines.

These and many other examples of created things which for long had remained abhorred by the ignorant as being only injurious things created for the disadvantage of man, but are now at last acknowledged to be useful, beneficial, and indispensable—should make us circumspect, and lead our minds in an exactly opposite direction to the views ordinarily entertained. They should impress us profoundly with the maxim of the unprejudiced sage: that we should anticipate the greatest benefits to man from those very things which the ignorant masses are in the habit of regarding as extremely hurtful and absolutely destructive.

Things of this sort are called by physicians *poisons*.

Common folk and medical men, too lazy to conduct investigations for themselves, observed substances which when administered in the same doses as those generally used for ordinary weak medicines, such as Epsom salts, cream of tartar, scabious, rhubarb, &c., that is to say in drachm doses, deranged the human body with a violence that often caused destruction and death.

From this they concluded too hastily that these substances are absolutely destructive and injurious in themselves, and they bestowed on them the most opprobrious epithet they could invent. They called them *poisons* in order to render them objects of terror to every breathing thing by this epithet which expresses the very worst of all objectionable things.

This name, which implies something accursed, may very properly be left to be employed by common folk in order to keep them away from substances whose true uses their short-sightedness will never be able to discover, and which in their rude hands will never do any good, just as it is never safe to make them familiar with the highest mysteries of the wise in matters of religion. But *physicians* should never make use of this name in *their schools* when the subjects under consideration are substances which are distinguished for their extraordinary remedial powers.

It ought not to have remained unknown to *physicians*

that *excessive dose, inappropriate form,* and unsuitable place of their administration, transform not merely some but all medicines into injurious substances.*

Had they ascertained the uses of drugs with the analytical and careful spirit the investigation requires they would have seen that one single drachm of cinchona-bark given in the wrong place is not unfrequently followed by death, and that no man can survive the ingestion of two ounces of saltpetre, both (who can deny it?) excellent medicines, but which when given in the wrong place (as we have here supposed of cinchona) or in excessive dose (like the saltpetre we spoke of) become the most destructive things that common folk have ever branded with the name of *poison.*

They killed!

What can corrosive sublimate and arsenic, at the very worst, do more than *kill?*

From these two examples, which might easily be multiplied to hundreds, we may see that as the unsuitability of the case in the first example, and the over-dose in the last, caused cinchona there and saltpetre here to be deadly agents, so also the powerful drugs, hitherto only known as hurtful, are only so in consequence of our ignorance and our improper mode of employing them. Is it the fault of these powerful substances that we know neither the cases nor the doses in which they are salutory? Shall we blame the All-wise who created all things for the benefit of rational beings,† because He has constituted tin so that only a ten times smaller quantity (a moderate appropriate dose) must be added to copper in order to produce the best gun-metal, and that it must not be added to gold in any

* He who judges the effects of antimony merely from the symptoms caused by vitrum antimonii and crocus metallorum will form a very incorrect judgment.

† Thus writes a thoughtful and, as far as his school will allow him, wise Essene, in one of the darkest ages:—Σοφ. Σαλωμ., ά. 14. ἐκτισε γαρ (θεος) εἰς το εἰναι τα παντά, και σωτηριοι ἀι γινεσεις του κοσμου, και ὀυκ ἐτσιν ἐν ἀνταις φαρμακον ολεθρου. God created all things for life, for a wholesome purpose indeed are all created things in the world, there is no substance that is hurtful, poisonous, in itself.

proportion (improper case for its use) else it will make the gold quite useless? Shall we blame Him because He has permitted medicinal substances to be produced, which are curative for only certain diseases in very various, often in very small doses? Shall we blame the Creator of infinitely varied nature, because He has made saltpetre so that it cannot be swallowed by handfuls like cream of tartar without dangering life, and because He has endowed foxglove juice with such properties that we can only take it in drops, and that we cannot swallow several ounces of it, as we can beccabunga juice, without being killed. Is He to blame when we kill children with clysters of opium and seek to excuse ourselves by asserting that not more than one grain of this drug was dissolved in the clyster? Has He ever laid it down as a law that a *scruple* or a *grain* should be considered the smallest and most appropriate dose for all medicines, even the most powerful? Has He not bestowed on us means and knowledge whereby we may diminish the more and most powerful substances into small and the very smallest doses and administer them in the tenth of a grain, the more powerful in the hundredth, the thousandth of a grain, the most powerful in the millionth, billionth, aye, even the trillionth, quadrillionth and quintillionth of a grain? Who prevents us doing this and regulating our doses thus (wisely), according to the strength of the different medicines? The circumstance that medicines are only suitable remedies for the human body in different doses, can furnish the sensible man with no excuse for branding the more powerful drugs, that is to say, those that can only be used in the smaller doses, with the popular name of poison, and therefore for spurning these great gifts of God, the very remedies which are indispensable for the cure of many of the most serious diseases. But as we can *diminish* the doses of medicines when they are of the more powerful kind just as easily to any desired fraction of a grain, indeed, to the very smallest fraction, just as we can *increase* the doses of medicines of the weaker sort to more than a grain, a scruple, a drachm; what hinders us from according at least as much respect to those more powerful

medicines as we do to the less powerful ones? Thus we shall get rid of the disgrace of having so long echoed the common folk in their denunciations as poisons of the most powerful instruments for preserving health and life, and of having so long deprived ourselves and others of their beneficial use.

I confess I have often felt deeply grieved at reading the hard words applied by many so-called physicians to the valuable labours of Baron Anton von Störck: "we protest against this poisoning practice." Was not this praiseworthy attempt to furnish us with remedies, which we did not possess, and which could never be replaced by other substances, for cases that must remain uncured so long as we did not possess them—was not his resolve to give them to us at the risk, and, I regret to say, at the sacrifice of his reputation—was not this philanthropic, highly successful, heroic attempt worthy of a triple civic crown, of a splendid monument to his honour? He struck out the path and we *must* thank him—by making use of his gifts, by imitating him, but (as nothing is perfect at a first attempt) with more cautious doses and a more careful selection of the cases of disease for which these powerful plants are suited.

Shall we never rise above the childishness and prejudices of the common folk, who denounce many things whose utility and indispensableness they are too stupid to appreciate, and for whose discreet employment their hands are too awkward?

The history of the more powerful drugs teaches us that it is only unacquaintance with their properties and ignorance that has pronounced a verdict of condemnation upon them.

Among the Greeks and Romans there was not a single physician who had the slightest knowledge of the properties of mercury. Dioscorides* did not even know that it could not be kept in lead or tin vessels, and Galen† considered it to be an artificial product, and yet they all‡ denounced it

* Υλ. *ἰατρ.*, v, cap. 110.

† Περι της των ἁπλων φαρμακων κρασεως και δυναμεως, lib. ix, cap. 8.

‡ Dioscorides, loc. cit. Pliny, *Hist. Nat.*, lib. 33, sect. 41. *Paulus*

as an absolute poison.* The Arabians alone knew something about the utility of its external employment, but they also denounced its internal administration on the ground that it was a poison,† because they knew not the properties and mild preparations of this indispensable remedy.

Was it aught but complete ignorance that led the Paris Parliament, in 1566, to prohibit the employment of antimony on the ground of its being a poison, and to allow their ridiculous interdict to continue for a whole century (until 1666)? Nothing but ignorance and unacquaintance with the medicinal powers and milder preparations of this metal was the cause of this anathema, which deprived doctors and patients of an excellent medicine, that all succeeding generations find to be indispensable; and the persecution of former days is universally ridiculed.

In like manner there will come a time for us when our wiser successors will half pity, half deride us, because in our simplicity we have persecuted and prohibited the most powerful remedies, and thus excluded from medicinal use substances which are distinguished above ordinary medicines for striking peculiarities in their mode of action, enabling them to cure a multitude of hitherto incurable morbid states, and which were made for such cases by the wise Creator of all good.

As we observe that in nature powers are distributed in such different quantity that even individuals of one and the same species differ greatly from one another—just as there are men who display a thousand times more capacity than others, and, on the other hand, men equally great as to their faculties but great in quite different faculties—how much must different species differ among themselves in power, and still more different genera from other genera! It is, therefore, not to be wondered at that there are medi-

Aeginita, de re medica, lib. vii, cap. 3. *Aëtius, tetrabiblion*, iv, serm. i, cap. 79. *Actuarius, de method. med.*, lib. v.

* Only Galen (loc. cit.) confesses that he has no experience, either of a favourable or unfavourable character, respecting either the internal or externa use of mercury.

† *Ebn Sina*, canon. lib. iv, fen. 6, tr. 1.

cinal substances which differ almost infinitely from all others in their mode of action as well as in the intensity of their powers, and that just as the matadors among men have enormous advantages over stupid weaklings, and the great variety of the spheres of knowledge of many great men renders them only more estimable and useful, so those heroic medicines should be considered more noble and more excellent the more they differ among one another in their mode of action, and the more they surpass the hazy properties of the impotent drugs hitherto so much in vogue.

Thus the curative properties of conium can never be supplied by belladonna, just as little as valerian can supply the action of stramonium, the latter that of hyoscyamus, the latter that of opium, the last that of aconite, aconite that of pulsatilla, this that of dulcamara or digitalis, &c. Each has its own peculiar mode of action not to be substituted by anything else, each has its special remedial powers for removing a certain class of morbid states for which the other medicines have few or no points of contact, but they have them for other morbid states. The more, therefore, these powerful substances differ from one another in the kind of their action as they do from ordinary drugs of the lower sort in the intensity and kind of their action, the more must they display new curative powers incapable of being replaced by the use of ordinary drugs, and they must fill up gaps in medicine which have hitherto been left vacant; cure maladies, in short, which without their aid would have been left uncured.

From this it is evident how shortsightedly and perversely those physicians have acted who have sought to replace the heroic curative tools (almost the only ones that really deserve to be called medicines) by these so-called mild medicines, these being as they fondly imagine *safer* to use. They are mistaken. The great number of the uncured and half cured must show the unprejudiced the hurtfulness of their busy inactivity and of their contempt for what is more suitable; they are obliged to leave uncured the worst cases of special or rarer morbid states, and abandon such patients to chronic ailments or to destruction and death, because

they fail to recognise the more appropriate curative agents. Are those *safer* modes of treatment in which the disease remains or becomes transformed into another, often a worse disease, or which *inevitably* result in death? *Qui non sanat occidisse videtur.*

By the long-continued use of those mild laxatives, such as tamarinds, manna, cream of tartar, Epsom and Glauber's salts, &c., which are said to be so *safe*, many more patients have remained ill, become worse, and been done to death, than by all the rarely used heroic medicines. All these, even when continually administered, have not done half as much harm as the ordinary potions of spring plants made from plants whose names only were known but not their qualities, or as the whole farrago of mildly solvent, sweetly purifying, gently purging mixtures, powders, potions, juices, and pills. As these are so rarely suitable how often must they not do immense injury when persistently continued, as experience teaches. And what name should be given to *that* treatment which, without a prospect of curing, does enormous harm to health and life?

Unsuitable selection, improper form, and excessive quantity of all medicines at all powerful, render them destructive, in short, what the common folk call poisonous. It is only by improper employment that medicines become poisons; in themselves no medicines are poisons.

Ignorance frequently kills by giving even mild remedies in excessive quantities and in inappropriate cases, whereas the true physician frequently saves the lives of patients suffering from the most dangerous maladies by the cautious use of the most powerful medicines.

And which of these mild* remedies would they substitute for those substances which are valuable on account of their peculiarly great power? As every particular substance has its own peculiar mode of action that cannot be exactly re-

* I often read in medical works the cool condemnation of most of the powerful substances in some such terms as these: "Conscientious physicians are right to refrain from the employment of such dangerous substances, as there are safer and milder remedies that may be substituted for them." Tell us, what are these safer, milder remedies? No reply.

placed by anything else, what would those gentlemen substitute for bryonia, when this remedy is precisely indicated, except bryonia itself? What for drosera but drosera itself? What for lead but lead itself? Has not every medicinal substance its own peculiar properties so that its place cannot be exactly filled by any substance of another kind? Why should we, like the superstitious, childish common folk (who are afraid of that which deserves to be most esteemed) reject through puristic affectation and false delicacy, those treasures of sadly wanted curative action which lie hidden in these powerful substances, nay, capriciously push them from us when we can at our pleasure reduce the strength of all without exception by solution, dilution and small doses to the requisite innocuous mildness?

Whole streams of fancied blood-sweetening potions of radix caricis, graminis, &c., will never cure the nocturnal bone pains and the caries caused by the abuse of mercury, but they may be cured in a short time by very small doses of mezereum bark.

The patient who is treated by the mild and highly praised arcæus balsam and carrot poultices will certainly die after years of suffering from cancer of the face, and Cosme's arsenical remedy would most probably have cured him.

Can the indurations on the lips or mammæ caused by bruises (blows or falls) which are often so extremely painful and threaten to turn into cancer, be cured by anything in the world so mildly and rapidly as by hemlock? Can this be replaced by any kind of poultices?

No sensible man who can lay claim to the character of a scientific unprejudiced physician should ever again so far forget himself as to dub by the name of poison substances whose power to alter the human organism is notorious, and whose medicinal power consequently is beyond doubt, and by so doing prevent many blessings and extol his own miserable ignorance above these medicinal powers.

Where the common folk think they see only objects of horror, there the wise man sees objects of the deepest veneration and makes use of them with thankfulness to the Eternal Source of love.

Sapere aude!

SCARLET FEVER AND PURPURA MILIARIS, TWO QUITE DIFFERENT DISEASES.

By Dr. Samuel Hahnemann.*

Erroneous diagnosis has often caused much disaster in the art of medicine when two diseases essentially different are confounded with one another. The miasmatic diseases, however, have the advantage over others that each of them retains its own peculiar character, different from every other disease.

In Lower Saxony, during the summer of 1799, I observed an epidemic of scarlet fever, and found it to be essentially such as Sennart (Sydenham), Navier, and more particularly Plenciz saw and have described. I found that *belladonna* was a prophylactic against it, and its protective power never failed me in this epidemic, nor will it fail any physician in the future if he have to do with true scarlet fever.

Whilst I was engaged in a distant part of the country in making known this prophylactic remedy in 1800, a *new* exanthematous disease came from the West. Its course was through Hesse over the Ducal Saxon country and the Voigtland to Electoral Saxony, where it was most fatal. I have not been able to trace its course farther. Like every other new miasmatic disease, at every place it first invaded it was generally epidemic and deadly, but since this first epidemic it has only appeared sporadically in the places where it once prevailed.

Wherever this new† disease was to set up the field of its

* *Hufeland's Journal*, xxiv, i, 139. 1806.

† This disease was probably not really new (for it seems to be endemic in the Netherlands under the name of *Red Dog*), but it was probably new for those countries where it raged so fiercely in 1800. [We are not quite certain what the disease here alluded to was. It was probably an epidemic of what is now called "miliary fever," a disease closely allied to, if not identical with, the celebrated English sweating sickness. A good description of it will be found in the second volume of Ziemssen's *Cyclopædia*, p. 495.—R. E. D.]

devastation, in that epidemic, it was preceded by true scarlet fever, which in all the places occurred alone and in a rather mild form, and ceased after a longer or shorter time (as a rule it does not prevail for more than three months at a time), in order to give place to this new exanthematous disease which I call *Purpurfriesel* (purpura miliaris).

The essential differential phenomena of these two diseases are the following :

Scarlet fever.

1. On its invasion, sensation of cold and chilliness of the face, the surface of the hands (to half way up the upper arm) and feet (to half way up the leg) for several hours, whilst the remainder of the body continues warmer.

2. Following this local coldness there is local cutaneous inflammation, and smooth, quite flat,* swelling, first and mainly of the head and neck, then of the hands and feet,† with itching, burning, and of vermilion or scarlet redness, which from these points sometimes spreads all over the body in a radiating manner after the manner and the appearance of erysipelas.

3. Until the decline of the disease and the desquamation of the skin, the body is never free from this kind of redness, especially on the focus of its origin (the lower part of the leg, the forearms, the face, or at all events the neck and upper part of the chest) ; it does not even vanish on the occurrence of death ; it only becomes bluish and leaden-coloured.

4. As the redness declines, the body being covered, health returns.

5. The sorethroat commences even during the period of the initial cold, develops into erysipelatous inflammation of the whole interior of the mouth and of the Schneiderian

* "Scarlatina differt a purpura per id, quod purpura habeat papulas ultra cutis superficiem prominentes, scarlatina vero habeat maculas, quæ cutis superficiem non excedunt."—PLENCIZ, *Op., tract. de scarlat.*, p. 58.

† The œdema not infrequently following scarlet fever also attacks by preference the face, hands, and feet, as Plenciz also observed.—*Ib.*, p. 142.

membrane, which in bad cases passes into superficial ulceration of all parts of the internal mouth and nasal mucous membrane, with muco-purulent discharge, lasting uninterruptedly to the end of the disease.

6. Until the desquamation occurs sweat *never* occurs on the head (and neck), *never* on the feet (and legs), *never* on the hands (and forearms).

7. Scarlet fever attacks every human being only once in his life.

Purpura miliaris.

1. Comes on without previous coldness, suddenly with heat and paleness of all parts, mingled with chilliness. More a feeling of inward heat, and yet a desire to heap on lots of clothes.

2. The redness of the skin which subsequently occurs attacks alternately and in no fixed order, now one, now another part; it is a deep purple red, composed of confluent brownish patches (*stigmata*), studded with brown millet-seed sized miliary papules, which penetrate the skin as deeply as they rise above it.

3. This miliary purple redness appearing here and there often vanishes suddenly, and then with obvious aggravation of the disease and danger of sudden death, but it sometimes reappears several times during the disease. It disappears before death.

4. Perspiration not unusual, at least in the palms of the hands and soles of the feet.

5. The sorethroat, an *angina pharyngea* is only present when the purple rash is not there (thus it is met with before the appearance of the rash, is unobservable while the rash is fully out, and is violent after the disappearance of the rash), consequently it is of a metastatic character.

6. A person may be attacked several times by purpura miliaris, even in the same epidemic.

These two diseases, essentially so different, the scarlet fever that first prevails and the subsequently occurring purpura miliaris, were completely confounded with one another in this epidemic, and hence the prophylactic power of bella-

donna was only observed in the exanthematous disease that first prevailed, the scarlet fever (see *Reichsanzeiger*, 1800, p. 2739), but it was found to be powerless in the subsequently occurring exanthematous disease, the purpura miliaris (see *Reichsanzeiger*, 1800, p. 3081, 3290).

I was applied to (I was then far away in Lower Saxony) for the prophylactic against scarlet fever, discovered by me, by the greatest number of persons when the epidemic at he place where they were became ever more deadly, that is, when the purpura miliaris had got the upper hand; but of this I knew nothing, as I could not anticipate that physicians would bestow the name of scarlet fever on a disease that was essentially different from it.

Belladonna was certainly not protective against the quite different purpura miliaris, but the latter was thought to be scarlet fever, so several persons complained that I had practised a deception on the public.

As my heart was far from any wish to deceive, as my discovery was unexceptionally trustworthy, as I was thoroughly convinced of the greatness of the benefit I had conferred on mankind by making it known, I was proportionally indignant on reading this accusation. I broke out, I confess, into invective, the violence of which I have long regretted, on my return from my fatherland (Electoral Saxony), and when I saw for myself the purpura miliaris, which had then become sporadic, and which was said to be scarlatina. I then perceived (and this induces me to make this apology) that it was not ill-will, but a mistake of the disease* that had prevented my colleagues rendering me justice.

The new more violent purpura miliaris has prevented the reappearance of the scarlet fever for some years as I think, and I could not expect my discovery to be acknowledged

* Such confounding together of eruptive diseases is not impossible. Some of the older eminent physicians have committed this fault. Thus Morton confounds measles with scarlatina; also Jenner does not know whether he should put it among the measly diseases, purpura, or the rosaliæ. Even the excellent describer of scarlet fever, in *Act. Med., Berol.*, ii, dec. 1, confounds it with the *rood hont* of the Dutch, which, however, is a disease very closely allied to purpura miliaris. Forest, too, confounds scarlet fever with purpura.

without its reappearance. It is only in the last two years, that is since the decline of the purpura miliaris, that the scarlet fever has begun to show itself here and there, and since then I have had the pleasure to see the truth again acknowledged: that the prophylactic remedy against scarlet fever discovered by me—belladonna—is reliable, as Dr. Leun (*Hufl. Journ.*, xix) and Dr. Ettmüller (ibid., xx, 4) explicitly testified, though without mentioning my name.

ON THE PROPHYLACTIC OF SCARLET FEVER,

By S. Hahnemann, Physician at Torgau.*

The real point at issue is the following:

In a recent volume of this journal I have pointed out some differences between the true old scarlet fever and the

* From *Hufeland's Journal*, vol. xxvii, pt. 4, p. 153, 1808. This is a reply to a short article by the editor, which appears in the first part of the same volume. I here give a translation:

"When a man like Hahnemann thinks he has discovered a prophylactic remedy for a disease like scarlet fever, whose frightfully destructive power we have recently become acquainted with in quite a new form, it deserves, in my opinion, the full consideration of the medical public. The possibility, by means of the communication of a matter or ferment, to effect such a qualitative change in the organism, or at least in the cutaneous organisation, that thereby the susceptibility for a certain *contagious* virus shall be suspended, is completely proved by *vaccination*. It is very probable that there are similar preservative substances also for other *infections*, and there is no reason why this can only be done by animal poisons and not also by other very penetrating substances, especially such as act specifically on the skin. The subject is of so much importance that it must stimulate every thinking physician to make inquiry into it.

"All the more astonishing is it that the announcement of Hahnemann's discovery received so little attention from scientists; indeed it was here and there curtly dismissed with a sneer at the extreme minuteness of the doses of belladonna, which might well have been spared towards a man who for many years has made the study of so-called poisonous substances the chief subject of his acute scientific investigations, and who certainly, as regards the knowledge of their wonderful powers and medicinal uses, has no equal. Moreover, the

new disease that appeared in the middle of 1800, the purpura miliaris, which during these years has also, but wrongly, been called scarlet fever. I see now many more differences.

As the value of an accurate diagnosis of diseases for medical practice is now no longer doubtful, and any confounding together of essentially different diseases may give rise to serious errors in their treatment, I beg to observe that belladonna—a prophylactic and curative remedy for a disease so sharply defined as the old true scarlet fever, in which the skin is of a *cinnabar colour, first* and chiefly on the uncovered parts of the body (face, hands), always appears with *quite smooth* skin without any miliary elevations (Plenciz, *Opera*, ii, pp. 49 and 58), has regular critical days for its appearance, and never shows sweat in the reddened parts—cannot possibly be a specific for an entirely different disease (which has been with us since June, 1800) in which the eruption consists of *dark*, purple red patches, always studded with closely packed miliary papules (raised more or less above the skin) only on the covered parts of the body (not on the face) and remains there an undetermined time, and *only* these dark red miliary patches excrete sweat.

The controversy, which by the eight years of worry it

remedy has been frequently employed, and undeniable facts exist, which have also been brought under my own notice during my travels, where it has protected from infection not only single individuals but whole districts. But hitherto these scattered experiences have not been collected, and unless this is done it is impossible to draw any certain conclusion.

"This is the object of the present appeal. I now call upon all laymen as well as physicians who have made trials with Hahnemann's remedy to give me a true and impartial account of them, in order that I may make the result known in this universally read journal, and so decide definitely the important question: Is the remedy a sure prophylactic for scarlet fever or not? or a third alternative, is it only a conditional, not an absolute prophylactic? If the last is the true state of the case, then it is, of course, not so satisfactory as the first alternative; but it would still be very important and valuable, and this seems to me the most probable answer to the question. I hope that in a question that so deeply concerns the weal of mankind, and that cannot be settled in any other way, every friend to humanity will feel it his duty to contribute what he can to its settlement."

has caused me would have quite prostrated me had I not been supported by looking upwards to something higher—this controversy was solely caused by confounding together two diseases which are essentially different—so that belladonna will, as long as the world lasts, preserve from and cure true genuine scarlet fever (as described by Plenciz, Sennart, Navier, Simon Schulze, and the *Act. Med. Berol.*), but will never, *never* can or will, be of the slightest use in this new miliary fever—a miliary fever which I am confident will, in a *few years*, again disappear and be extinguished from the earth, as formerly the English sweating sickness.

Hence, in my opinion, the questions should be proposed in the following manner:

I. In the cases where Hahnemann's prophylactic protected and really preserved, was the epidemic disease of this kind: the redness on a perfectly smooth skin, bright red like boiled cray-fish; did it appear first and chiefly on the uncovered parts of the body, face, hands, &c., and never covered with sweat? or in what other kind of exanthem did it prove prophylactic?

II. In the cases where belladonna did not prove prophylactic was the epidemic disease of this kind: the redness of the eruption of a miliary character, of dark red colour, appearing only on covered parts of the body and inclined to sweat? or what else was the character of the disease in which it was not protective?

Thus and thus only will the truth be elicited.

MILK.

By Dr. C. B. Ker.

That milk is a remedy in disease as well as food it scarcely requires such a case as the following to prove.

Miss V—, æt. 27, consulted me on February 4th of this

year for the following symptoms: For three months has taken no food which has not caused great pain in the stomach; there is also constant nausea and, till the last few days, there has been almost constant vomiting; the bowels are costive, there is little loss of flesh, the urine is deep coloured, the tongue is clean, and there is profuse and almost constant catamenial discharge. There is also, as one would expect in such a case, depression of spirits and physical and mental exhaustion and some faintness.

I came to the conclusion that the case was one requiring not so much medicine as a careful dietary; that it was one, at all events, which there was no chance of curing without a careful regulation of the food. My prescription, therefore, was a wineglassful of hot, slightly-salted milk every hour, and no other food whatever. I directed my patient also to apply to the epigastrium a pad of flannel, and to sip very hot water if, notwithstanding the diet precautions, the pain in the stomach returned.

On the 12th the report was to this effect:—No pain in the stomach, some pain in the back and shoulders, the bowels continue costive, the urine is paler, there is neither nausea nor faintness, the appetite is stronger than she likes.

The prescription was only slightly modified. Milk was to continue the sole food, but it was to be doubled in quantity and was to be taken hot or cold according to the pleasure of the patieut. Absolute rest also was insisted upon.

A week later, February 20th, the report showed that pain in the stomach had not returned, nor did it return till other food a short time afterwards was added to the milk, and then it again disappeared on returning to milk alone. The last report, dated March 29th, shows that though sopped bread and gruel have been added to the milk there is no pain in the stomach during their digestion.

I could give several such cases, that is to say, cases proving that milk alone is sufficient to restore to health sufferers not only in acute but in chronic diseases, and not only in gastro-intestinal affections but in a large number of others.

Dr. Weir Mitchell, in his work entitled *Fat and Blood, and How to Make Them,* shows that in many of the intractable cases of neurasthenia which he cured, the two or three days of an exclusive milk diet which commenced the treatment succeeded in removing the inveterate dyspepsia of months', even years' standing. His expression is: "Milk diet nearly always dismisses as if by magic all the dyspeptic conditions." Even his corpulent patients Dr. Weir Mitchell treats with milk, but it is skimmed. One of such patients, a lady, æt. 40, very anæmic, and weighing 163 pounds, who had hysterical paralysis and hemianæsthesia, he put upon a diet of skimmed milk. In a fortnight she lost twenty-three pounds in weight, the anæmia vanished, and a troublesome dyspepsia "at once disappeared." Another patient he kept for *two* years on an exclusively milk diet, giving her two quarts a day, and she led a moderately active life during the whole of that time.

Professor Playfair gives an experience similar to Dr. Weir Mitchell's in his work on *The Systematic Treatment of Nerve Prostration and Hysteria.* He commences the treatment of such cases with milk alone and finds that the dyspeptic symptoms quickly disappear. Should there be an occasional attack of dyspepsia, it is at once relieved, he says, by keeping the patient for four and twenty hours on milk alone.

But from Greek times downwards what diseases have not been treated by milk, not only when all other means have failed, but from the beginning as the recognised remedy? Hippocrates recommends its use in phthisis when the fever is slight, and also in subacute and chronic fevers. But he does not extol the virtues of milk so warmly as other ancient writers. He warns against its use in headaches and acute fever, and dissuades from taking it such as have swelled hypochondria and borborygmus, bilious discharges, and copious hæmorrhages.

Aretæus it is, however, who sings most loudly the praises of milk. "And truly milk is a remedy of marasmus by nourishing, warming, moistening the stomach, and soothing the bladder," he says. And in phthisis he recommends it

strongly: "From a small dose gradually up to five or six heminæ, or even much more; or, if not, as much as one can, for often this alone sufficeth for all food. For milk is pleasant to take, is easy to drink, gives solid nourishment, and is more familiar than any other food to one from a child. In colour it is pleasant to see. As a medium it seems to lubricate the windpipe, to clean as if with a feather the bronchi, and to bring off the phlegm, improve the breathing, and facilitate the discharges downwards. To ulcers it is a sweet medicine and milder than anything else. If one then will only drink plenty of this he will not stand in need of anything else. For it is good that in a disease milk should prove both food and medicine." Aretæus goes on to say that milk in bladder disease should be drunk for three days before giving cantharides, otherwise they injure the bladder; that in acute kidney disease it is "a most excellent article," especially that of an ass, next that of a mare; "even that of a ewe or goat is useful as being a kind of milk (!)." In vena cava disease "milk is both food and medicine, for that disease stands in need of refrigeration, a sort of fire being wrapped up within; and also of sweet food, and of that a copious supply in small bulk. Such virtues milk supplies as an article of food."

Almost all the ancient authorities agree in calling milk one of the best if not the best of foods and remedies in phthisis, and many modern writers say the same. In Lord Bacon's time it must have been so considered. Had it not been so he could scarcely have written the following in the First Century of his *Sylva Sylvarum*:—"Milk warm from the cow is found to be a great nourisher and a good remedy in consumptions; but then you must put, when you milk the cow, two little bags into it, the one of powder of mint, the other of powder of red roses, for they keep the milk somewhat from turning or curdling in the stomach; and put in sugar also for the same cause, and partly for the taste's sake; but you must drink a good draught that it may stay less time in the stomach lest it curdle; and let the cup into which you milk the cow be set in a greater cup of hot water that you may take it warm. And milk thus prepared

I judge to be better for a consumption than asses' milk, which, it is true, turneth not so easily, but it is a little harsh; marry it is more proper for sharpness of urine and exulceration of the bladder and all manner of lenifyings. Woman's milk likewise is prescribed when all fail; but I commend it not as being a little too near the juice of man's body to be a good nourisher except it be in infants, to whom it is natural."

We do not now put powder of mint and of red roses into milk to keep it "from turning or curdling," but we add lime or soda-water, or rum, or salt, to secure the same end. But evidently the same difficulties in milk digestion were recognised in Bacon's time as we have to contend with now.

Sydenham speaks of the value of milk in phthisis, especially of asses' milk. And so does Cullen, but *he* often mixed with it barley-water, raisins, conserve of roses, and honey. There is only one modern writer who warns against it in this disease, but he, when phthisis is concerned, is an authority. Louis says that milk is not to be given, especially cows' and asses', unless the irritable stomach will bear nothing else; and he gives as his reason that cows and asses are subject to phthisis. Would it not have been sufficient to say that caution should be exercised in the matter, for the proportion of cows and asses so diseased is probably not great?

Professor Niemeyer speaks strongly of the value of milk in phthisis. Too much importance, he says, cannot be attached to it; but it must be whole milk. And old Dr. Buchan says: "It is more valuable than the whole materia medica." He thinks butter-milk of great use if it is made almost the sole food; "I never knew it succeed except the patient almost lived upon it." Dr. T. K. Chambers speaks highly of milk as a food and remedy in this disease. In Dr. Pollock's (of the Brompton Consumption Hospital) opinion milk stands at the top of the list of foods for the consumptive, and he says that it may be given almost exclusively. Twenty pounds on this diet have been gained in six weeks, no medicine and scarcely any other food having been given during that time. The object, he says, of giving

milk in this way is to pass a large quantity of food into the blood and thus to enforce a more frequent renewal of that fluid.

Koumiss, or fermented mares' milk, is given largely in phthisis at the present time. About ten years ago a young lady patient of mine, of a family which had already lost three in the disease, betrayed some of the worst symptoms of the affection after an attack of pleurisy accompanied by large effusion. The emaciation, cough, purulent sputa, hæmoptysis, and dyspnœa showed how far towards a fatal termination the disease had gone. Koumiss was prescribed for her, and she took largely but not exclusively of it. In a few weeks all the above symptoms were modified greatly to the better, her weight especially having increased more than a stone. She then went to Melbourne, where she married and got children, and the reports that I receive of her show that she is perfectly well.

There is only one other qualification I have met with to the general opinion in favour of the use of milk in phthisis, and that is Herr Schneppel's, who objects to its use when there is the complication of fatty liver; the argument being that all substances containing fat should be withheld. But even in such cases milk might surely be given if its cream had been in the first place removed.

Many other diseases come into the category of those that are benefited by a milk diet practised with more or less exclusiveness. Dr. Donkin insists strongly on its value in diabetes, and he has published his experience. Dr. Senator and many others give milk largely in diabetes, but they do not agree with Dr. Donkin that milk is a cure for the disease. It is not easy to see why he (Dr. Donkin) attaches so much importance to the milk being skimmed, for cream and oil and butter are not usually forbidden to diabetic patients, and the sugar in milk is not removed in the skimming process.

In Bright's disease there is also a general agreement on the part of the profession in favour of milk as food and remedy. Bartels and Chambers and M. Laccoud speak strongly in its favour in that disease and other kidney

affections. They believe it to be diuretic, a sedative and good food. Butter-milk should be given, Bartels says, when common milk disagrees or is not liked. In albuminuria nothing gives the patient, Chambers says, so good a chance as a milk diet. And M. Laccoud gives a case of diminished renal secretion from catarrh of the urinary passages and renal obstruction in which the quantity of urine passed in the twenty-four hours was raised from twelve ounces to fifty-four by milk.

There can be no doubt as to the value of milk in almost all gastro-intestinal affections from stomach ulcer and dysentery down to simple catarrhs. Niemeyer calls milk a cure in chronic gastric catarrh, but only if given as an exclusive food. He believes that butter-milk answers best, new milk forming coagula in the stomach. In dysentery, also, an exclusive milk diet assists in the cure more than anything else, as it does also in chronic and acute diarrhœas, and chronic and acute enteritis. In such cases the ancients gave milk, but generally in the boiled form, their schiston, which was made by boiling milk or whey with pebbles. Stomach ulcer and ulceration of the intestines are successfully treated by milk when all other means have failed. Intestinal hæmorrhage, also, from any cause, is most safely treated in the same way.

Many other diseases have been said by medical authorities in all ages to be best treated by milk administered with more or less exclusiveness. Such are scurvy, in Immermann's opinion; spasm of the glottis in Steffen's, whose argument is that that disease often indicates scrofula or rickets and so requiring milk in larger quantities; chronic bronchial catarrh in Riegel's. Nothnagel gives a case of epilepsy which was cured by confining the patient to milk and water; Dioscorides extolled its use in melancholy, lepra, elephantiasis, and the exanthemata, and also in acrid humours of the eye; he recommended it, besides, as a gargle, and as an injection in ulceration of the uterus; but he qualified his recommendation of milk by forbidding its use in spleen and liver disease, vertigo, epilepsy, neurosis, fevers, and headache, except the bowels had in the first

place been opened by the schiston; Pliny gave milk in gout of the hands and feet; in constipation, Trousseau, as well as many of the old physicians, prescribed it with success; Cheyne declares that it cures sterility not only in the woman but in the man; Sydenham gives a case of hysteria which had resisted all means of cure till milk was tried; and he gave *hydrogala*, a mixture of milk and water, in bilious colic, the scarlatina maligna of infants, smallpox, and anomalous forms of measles; it is given much at the present time in dropsies, the diarrhœa and the diuresis which it occasions rendering it useful in all such effusions; and in diathetic diseases, in cancer, and in chronic skin diseases; and M. Pecholier strongly advises its use in aneurism and cardiac hypertrophy; many of both ancient and modern authorities prescribe it in gout, including Sydenham, Mead, and Cullen; by Jules Cyr, in his *Traité d'Alimentation*, it is recommended for asthma when it results from emphysema and pulmonary catarrh, for intestinal neuralgia, liver-hypertrophy, and fatty degeneration; and Dr. Drewitt declares that much infant life is saved by condensed milk in summer diarrhœas.

But with this food and remedy as with all others the old saw must not be forgotten,—what is one man's food is another man's poison. It is in the experience of us all that there are some who cannot take milk without suffering afterwards in some way or other. In the first place, there are many who dislike milk so much that their gorge rises at the sight and still more at the taste of it. There are others who insist that, although they are fond of it, headache and constipation are sure to follow its use. It is not properly digested by others, coagulating into a dense ball which causes pain and flatulence and a sense of weight and dragging in the epigastrium. But except in the case of those who have an invincible dislike to it milk may be made a pleasant and digestible article of diet. If in one shape it does not digest it will in another. And before concluding that it cannot be persevered with in any given case it should be tried in a variety of ways. If it causes pain or discomfort when drunk fresh from the cow, which it often does, it

will "agree" if taken skimmed, or hot, or mixed with hot or cold water, or soda- or Seltzer- or lime water; or slightly dashed with rum, whisky, or brandy; or flavoured with the smallest quantity of salt. Cows' milk is always taken for granted in this country when milk is spoken of. But when cows' milk causes dyspepsia or other derangement it may be well sometimes to try asses' or goats'. Not very long ago I believe I saved a child's life by substituting asses' milk for cows'. The latter caused diarrhœa in every shape in which it was given. The child was reduced to a condition of extreme marasmus, and all hope of recovery was given up. But the forlorn hope of asses' milk was had recourse to with the best effect. In a fortnight the weight was doubled and perfect recovery was the result. And as to goats' milk, M. A. Latour has a firm belief in it as a remedy for phthisis if the animal is first fed on dry roots, green herbs, bran, bread-crust, and marine salt. And again, in certain physical conditions butter-milk and whey may be given, and with good effect when milk in no other form can be liked or digested. This has been especially noticed in scurvy and in those diseases in which the sudorific and diuretic properties of whey are called into action. There are many places in Europe where such diseases are treated successfully, and chiefly by whey, though the whole milk is often given. Such places are Heiden, Interläken, Ischl, Reichenhall, Kreuth, Weissbad, and Reinerz.

I have spoken above of milk chiefly as a remedy in disease. But it can scarcely be praised too highly as an article of food. That it nourishes and nourishes sufficiently even when taken exclusively not only is proved in the case of infants, but in that of adults and whole nations of them. There have been Galactophagi in all ages, and the world has not been given to understand that they were inferior, physically or mentally, to others.

> "Thrice happy race that innocent of blood,
> From milk innoxious seek their simple food."

So Pope translates a passage in the thirteenth book of Homer's *Iliad* which refers to the Hippomolgi, a Thracian

people who lived exclusively on milk, and on mares' milk too. The Tartars have always made it a chief article of diet and often it has been their sole food. The Laplanders, when M. Regnard visited them in 1681, used no other drink than reindeers' milk, and the cheese made from it was the only food of the poor. Even now milk in Lapland is as much used as it was then. It is allowed to thicken and harden, and is laid by for winter's use, when it is first boiled and then drunk. The frozen milk is cut with a hatchet and thawed by heat. In a very different country, in a very different latitude, Morocco, butter-milk constitutes the chief dessert, and so much liked is it that the natives compare all nice and sweet things to it. E. Smith tells us that milk is the chief food of the peasants of Sweden, Norway, the Tyrol, Switzerland, Arabia, and Kurdistan; and we know that it is largely used in Scotland and Ireland, and that there would be no famines in the latter country if it could always be had in sufficient quantity. And Letheby says that 76 per cent. of our working classes drink it and chiefly in the shape in butter-milk.

There is no difference of opinion to speak of as to the best food for infants. Mothers' milk is universally allowed to be so. But there is not such unanimity of opinion as to the exclusiveness of that food. Intelligent opinion is in favour of no other food being given to the infant for the first eight or ten months of its life. But the practice too often is to mix other foods with the milk, and there can be little doubt that a large proportion of infant mortality is caused in this way, especially among the poor. Nor is there consensus of opinion on the question of the substitute for mothers' milk, though most believe that cows' is so. It is almost invariably given, more or less diluted and sweetened when there is no mothers' milk available, or good wet nurses', and with the best effect. But asses' milk and goats' is often had recourse to when cows' does not suit the case, and, as I have shown above, with wonderfully good result, and when other milks have been tried and found wanting the condensed milks have supplied their place to good purpose. As it has little water and from 38 to 48 per cent.

of sugar it must be largely diluted before it is given to the child. From eight to ten parts of water are therefore added. The child likes this milk exceedingly, but there is much difference of opinion as to its nutritious and sustaining powers. Many believe that because the proportion of nitrogenous matter is 1 to 20, whereas in cows' milk it is 1 to 12, it is a starving diet. They say it gives fat and not strength, and makes children less liable to resist disease, and lowers their vitality to a dangerous degree, and that the children who feed upon it are backward in walking, become rickety, and that the anterior fontanelle is slow in closing; that the abdomen becomes tumid, and that the appetite for other food fails. But Dr. Drewitt and others believe that it is as easily, if not more easily digested, as cows' milk and that it causes neither rickets nor any other disease. Nor does it cause lactic acid, one of the charges brought against it. Nor is there the necessity for the addition of barley-water or oatmeal as Kehrer insists. Nor does it cause, as Fleischmann says it does, thrush and diarrhœa. But hasty conclusions are arrived at on the subject of condensed milk as on all other subjects. Even cows' milk receives its condemnation at the hands of a Mrs. Baines, who in a pamphlet entitled "The Comparative Properties of Human and Animals' Milk, a New Theory as to Essences, and a New Interpretation of some Physiological Facts," declares her belief that cows' milk, unless mixed with farinaceous substances, is unfit to nourish infants, and that a woman's milk cannot nourish another woman's child. There must be a singular contempt for facts, a more even than feminine contempt, to explain this verdict. Lewes also is guilty of almost as great a contempt for facts when he says that milk may answer very well the purposes of children, but that in no sense can it be called a food for man. But Andersson tells us that the strongest man he ever met was a Dane whose sole diet was thick sour milk, tea, and coffee, and that this man could carry a stone on his shoulders so heavy, that it required ten men to place it there.

The charges sometimes brought against milk disappear,

most of them, when they are looked closely into. The explanation of the harm done by it—and there can be no doubt that harm is often done—is found in the individual partaking of it, or in the faulty nature of the milk itself. If the individual is not in health milk may not be suitable. And if the milk is acid, or adulterated, or poisoned with the germs of disease, it cannot but do mischief. But even in such cases, if certain precautions are taken, the milk may confer all its good and none of its harm. When the infant or the adult suffers from taking milk, the addition of a little salt or lime water, or giving it skimmed instead of whole, makes all the difference. The diarrhœa or the acidity or the flatulence ceases at once. And milk poisoned with the germs of typhoid or scarlatina or diphtheria may be made innocuous by boiling. It is an unhappy fact that milk may be poisoned in this way. Dr. Ballard in 1870 showed that it could convey disease, and since that date there have occurred from seventy to eighty outbreaks of the diseases above mentioned which have been traced to milk infected with their germs. Only last year 431 cases of enteric fever in St. Pancras were traced to a farm at St. Albans where the water used in washing the milk vessels was found to have connection with a cesspool. Dr. Dougall, of Glasgow, calls milk a congenial soil for the preservation and multiplication of specific infections. It absorbs and condenses, he says, gases more quickly than any other fluid, especially offensive gases and vapours. He recommends, therefore, that suspicious milk should be boiled before it is partaken of, and that it should never be kept in a sick-room. Milk may prove a poison also when the cows have fed on certain foods and when they are affected by certain diseases. In America there is a disease caused by milk which goes by the name of "the trembles," and which is produced by a poisonous grass ate by the cows. They do not suffer themselves, but those who drink their milk do. And phthisical cows are said to communicate their disease by their milk; and those affected with the foot-and-mouth disease do the same, according to Bollinger and Dr. Thorne Thorne; and those with scrofulosis also, as

Birch-Hirschfield declares. A story is told of certain officers at Malta in 1861 in whom was caused nausea, vomiting, purging, and faintness by milk of goats that had fed on the Euphorbia Paralias, a species of spurge. Dr. Fagan gives a case of pseudo-membranous stomatitis, caused, he believed, by milk from a cow with abscess of the udder. But a mother's milk even may poison her infant, and such diseases as phthisis and scrofula and syphilis may be communicated from one to the other. Death too has been known to follow to the child that has sucked the milk of a mother under the influence of strong excitement.

To be obliged to acknowledge that milk may be a poison is certainly a *per contra* to the arguments in its favour. But common-sense precautions are all that are necessary to prevent harm to ourselves or our children. Dairies and dairymen must be watched and inspected, the condition of cows and cow-houses must be examined into, and the health and habits of mothers more attended to than it is.

Before bringing these remarks on milk to a conclusion, it may be as well to say a few words on its physical and chemical character.

Its specific gravity is about 1030, and its composition, according to Pavy's analysis, the following:

Water	86
Nitrogenous matter . . .	4·1
Fatty matter	3·9
Lactine	5·2
Saline matter	0·8

E. Smith's Analysis of Different Milks.

	Woman's.	*Cows'.*	*Asses'.*	*Goats'.*
Spec. grav. . .	·32 ...	·33 ...	·34 ...	·33
Water . . .	88 ...	86 ...	89 ...	84
Solids . . .	10 ...	13 ...	10 ...	15
Nitrog. matter .	3 ...	5 ...	3 ...	3
Sugar . . .	4 ...	3 ...	5 ...	3
Fat . . .	2 ...	3 ...	1 ...	5
Salts . . .	0·13 ...	0·66 ...	0·54 ...	0·61

It will be seen from this table of Dr. Smith's that by

the adding or subtracting of a little water or sugar the milk of the cow, ass, or goat may be brought to resemble human milk so closely as to fit it for infants' food when the latter is not to be had. With regard to the milk of the ass it is generally and rightly given just as it comes from the animal. As to cows', it is usually diluted with water and has sugar added, but as a rule there is too much water added. Considering the rarity of milk which has not been already watered by the dairyman, it would be better in most cases not to water it at all; and, as to sugar, the best to add is sugar of milk.

Nothing varies so much as milk, and this fact accounts for the varying analyses of chemists. The food, the age, the health, the breed of the animal, influence the character of the milk, to say nothing of its being or not being in calf. And it is well known how a mother's diet influences her child's condition as well as other circumstances. Menstruation, for instance, and prolonged lactation and depressing emotions deteteriorate the milk and injure the child. The medicines the mother takes affect the child also, and it is not unusual to give to her the medicines the child requires for its own purposes.

The salts which enter into the composition of milk are the phosphates of lime, magnesium and iron, the chlorides of sodium and potassium, and free soda.

It will thus be seen that milk contains all the ingredients necessary to the building up of the body. It is therefore a perfect and typical food, the only one, in fact, except the egg, and not even excepting the egg if we exclude the shell.

Boiled milk will keep longer, especially in hot weather, than if not so treated. When it is boiled, it is, besides, less liable to turn acid, in consequence of the air that is expelled in the process and the lessened quantity of casein and fat; germs, too, are thus destroyed, whether organic or inorganic, and the milk is deodorised and, according to some, made more digestible.

Milk ought to be alkaline. When it is acid it argues that its source is diseased or stall-fed cows. A pinch of salt is all that is necessary to restore the alkalinity, but it

may not be all that is necessary to make it wholesome; such milk should accordingly be used with caution, especially where infants are concerned. Milk also on which a bluish fungus is seen is not safe; such milk often acts as an irritant poison. It is necessary that goats' milk should be taken with greater precaution than other milks, and this because their food is often poisonous herbs and plants. But Christison did not succeed in detecting any poison in some goats' milk that had acted as a poison, and the ancients valued their milk at a higher rate than cows', sheeps' or asses'.

Milk is a clear fluid holding globules in suspension, those globules being fatty in their nature and giving it its opacity. When skimmed it loses nearly all its butter but retains a larger proportion of sugar and nitrogenous matter. Cream, on the other hand, has more fat than milk, less water, sugar, and nitrogenous matter. Butter-milk has less fat even than skim-milk, but more sugar. Whey contains all the salts and sugar of milk, but not much of the fat or casein; it is not very nutritious therefore, but is valued in consequence of its sudorific and diuretic properties. Condensed milk is milk reduced to one fourth of its volume by evaporation, with sugar added for its preservation; it contains 18 per cent. of casein, 16 of lactine, 27 of cane sugar, 10 of fat, and 24 of water.

M. Dumas believes that there are in milk minute quantities of substances difficult to recognise but essential to nutrition, and that the absence of those substances accounts for the fact that no substitute for milk has ever been found. This may be true, but we cannot accept it as true till further analysis shows us what those substances, if they exist, are. It is true that we have no substitute for milk, but that does not constitute proof that our analysis of it has hitherto been imperfect. We may probably accept it as a fact that milk contains no substance which is not to be found in the body which it builds up and sustains.

What has been here said of milk has been often said before, perhaps too often. Admitted facts and truths are apt to have little attention paid to them or to slip out of the memory altogether. But there can be no excuse for the

medical man who forgets or neglects the food which contains every element a food ought to have, and which is, in disease, often the only food which can be digested and assimilated: the food, therefore, which life sometimes depends upon. And yet it is in the experience of us all, frequently in mine at all events, to meet with cases of gastro-intestinal disease rapidly tending to a fatal termination, rather from starvation than from organic change, in which milk has never been prescribed, cases in which a change to the better, and a permanent change too, has taken place at once on milk in some shape or other being given. We cannot, therefore, attach too much importance to this food. The arguments against it I have alluded to. They are, most of them, easily answered. In some form or other milk may be taken, liked, digested, and assimilated. If it cannot be taken whole and fresh from the cow it may in some other way,—skimmed, hot, diluted with water or with lime-water, soda-water or some other alkaline water, flavoured with salt or rum or some other form of alcohol, in the shape of milk pudding or boiled with bread or rice, or in that of curds and whey, butter, butter-milk, Devonshire cream, cream, cheese or cream-cheese. It will be hard if milk in one or other of those forms cannot be taken.

Though it is not so cheap as it was in the days of Henry VIII and Elizabeth, when the old London chronicler, Stow, writes, "At which farm I myself, in my youth, have fetched many a halfpenny worth of milk, and never had less than three ale pints for a halfpenny in the summer nor less than one ale quart for a halfpenny in the winter;" though we cannot get milk at that price now in the towns, still it cannot be called a dear food, and in the shape of butter-milk it is a very cheap food. It would be both a wise and an economical change if some of our households spent less on meat and more on milk. And it is an experiment that should be all the more readily tried when the fact is taken into account that, as I have already said, not individuals only but whole peoples have lived and still live on milk alone. It is said even of the most despised form of milk, butter-milk (*we* throw it to the pigs), its use is universal in

India, and as a food it is regarded as so important by the pastoral tribes of Meerut that they say "a man may live without bread, but without butter-milk he dies."

ARS MEDICI.

By John H. Clarke, M.D.

The confusion of ideas that prevails throughout the medical profession as to what is science and what is art and what are the right relations between the two, could hardly be better illustrated than by placing side by side two sentences extracted from one of the medical journals of last year. In March, 1883, the *Medical Times and Gazette* said: "Marwood appears to have reduced his calling to a science:"—and in December of the same year: "The fact is hanging is not a science but an art, and is better done by rule of thumb than by theory." Among the many baseless assumptions contained within the narrow limits of this marvellous pair of sentences three stand prominently forth. The first is the assumption that it is quite possible to convert an art into a science. Next, it is assumed that a science as well as an art is concerned with action. And, lastly, the distinction between an art and a science is assumed to be that the former is governed in its operation by rule of thumb and the latter by theory.

This confusion is not by any means confined to the medical view of the gruesome function of the common hangman—a function which the soaring ambition of the *Students' Journal* would fain include within the duties of the professor of life-saving—it affects the whole domain of medical thought. "Hitherto," says the *Lancet* * [surgery] has been too much of an art, too little of a science." "Before therapeutics"—the art of Healing, proper,—"can become a science," says Dr. Lauder Brunton,"† "the

* Jan. 5, 1884. † *Pharmacology and Therapeutics*, p. 66.

physician must know the action of his drugs, just as the locksmith does that of his keys, and since pharmacology is still so young, it is little wonder that medicine is as yet only an art:"—here the conversion of the art of Healing into a science is assumed to depend on the perfecting of our knowledge of the action of drugs. Until this is accomplished, Therapeutics must remain "*only* an art."

The confusion of thought betrayed by these quotations—and they might be multiplied *ad infinitum*—would be ridiculous, simply, were it not fraught with such lamentable results to medical teaching and medical practice. The unreflecting mind of the medical student being impressed from his first entrance on his studies with the notion that art and science are convertible things, and that science is immeasurably superior to art, he soon learns to despise what is "only" an art, and cleave to everything that has the appearance or reputation of being scientific. The energy and devotion which should be spent in acquiring skill in the practice of his art are squandered in vain endeavours to find scientific explanations of the inexplicable; theories that shall satisfactorily dispose of the mystery that underlies all the phenomena of life, in health and in disease. Until this desirable end has been attained the doctor's function must remain "*only* an art;" and the student and the practitioner need not expect to be able to do very much for their patients.

Needless to say, all this is folly unutterable. Science is science; and art is art. The two, though closely related, are absolutely distinct—as distinct as the clay is from the potter who uses and fashions it. Science is knowledge—the knowledge of facts duly ordered in their right relations. Art is action—the skilled performance of right acts. Knowledge may be imparted: practical skill can only be acquired by rigid self-discipline and patient exercise of natural powers. No perfection in knowledge will ever do away with the need of artistic skill in applying it: action will never be knowledge nor knowledge action to the world's end.

Partly accounted for by this confusion of thought, and

partly, also, accounting for its continuance, is the loose and indefinite use that is made of the term medicine. Now it is used to designate the whole domain both of medical art and medical science; now it is used to express all that concerns the natural history of disease except its modification by treatment. When the special function of the medical man—the treatment and cure of the sick—is wished to be indicated, the term medicine is rarely used, but another, therapeutics, is employed instead. So far, indeed, has the idea of curing been dropped from the term, that the etymologically ridiculous phrase of "preventive medicine," as applied to sanitation, now startles no one. In this essay I shall avoid the term altogether. I shall speak of the doctor's art and the doctor's science. I use the term doctor generically as covering the whole ground occupied by physician, surgeon, and midwife. The functions of all these are often combined in a single practitioner; the distinction between them is one of convenience merely, not of essence.

The art of the medical practitioner is made up of two arts. Of these, one is the art of Healing, proper. This consists in the skilled appliance to the sick of those means which are capable of so modifying disordered conditions of the organism as to bring about cure or relief. The other, quite distinct from this, is the art of Distinguishing, or, as it is commonly called, Diagnosis.* This is the art of recognising disordered states of health and of determining the nature of these disordered states.

Each of these arts is based on a distinct science.

The science on which the art of healing is based consists in the knowledge of the powers possessed by all the various means and substances which are capable of curing or relieving diseased persons.

The science on which the art of diagnosis is based con-

* I use the term diagnosis in its widest sense. I include under it distinguishing between states of health and states of disease, and distinguishing the different states of disease from each other. I include, also, distinguishing the nature and gravity of any given state of disease, and determining its probable duration and issue. Prognosis, or forecasting, is really only a branch of diagnosis.

sists in the knowledge of the constitution of the human body in health and in disease: a knowledge of all the varied disturbances which the body undergoes in disease, and of the natural history of these disturbances.

These two arts—Healing and Distinguishing—sum up the functions of the medical man. It is for the performance of these alone that his calling exists; it is these alone which give the distinctive character to his life in the State. Whatever other functions he may have had imposed upon him, or may have taken upon himself, these are not proper to him as a medical man. In order to carry out his functions efficiently it is necessary for him to know the sciences on which the arts are based; but it is not the knowledge that gives him his distinctive character; it is the practice of his arts—the skilled application of his knowledge—that makes him a doctor.

I have said that these two arts—Distinguishing and Healing—and the sciences on which they are based, are entirely distinct. I will endeavour to make this plain. A doctor is called to a patient suffering from ague. By virtue of his knowledge of the constitution of the body in health and disease he is able to distinguish by the symptoms manifested the nature of the patient's malady and to forecast the result. But having done this with perfect success, he would never by this means have discovered the power of *Cinchona Bark* to quell an attack of ague. This is an altogether different kind of knowledge, and the application of it an altogether different art. By some happy accident the power of *Bark* over ague was discovered by the dark-skinned natives of Peru: there was nothing in the ague-fit to suggest that *Bark* possessed this power. Ague had been diagnosed for centuries, but diagnosis had never suggested the power of *Arsenic* or *Cinchona* to cure. By the use of *Cinchona* in ague its powers over the disease and the limits of those powers have been more or less accurately defined. The knowledge of these powers constitutes the science of Healing so far as this drug is concerned in its relation to this disease. The art of administering the drug in suitable doses, at proper times, in accordance with all that is known

of its powers, is an altogether different art from that of recognising the disease. The two arts must be combined in the medical man: he must be able to answer, What is wrong? as well as, What is to be done? Usually—but not by any means always—he must answer the first before he can answer the second. But though thus intimately connected, the two arts are in nature and essence distinct.

I have said that in order to practise his double art successfully, the doctor must know the two sciences on which his art is based. In this I have expressed the relations that rightly obtain between science and art, and consequently between the sciences that the doctor ought to know and the arts which he practises. The knowledge of the characteristic symptoms of ague is one thing;—this is the science of Diagnosis: the skill exercised in observing these symptoms in a given patient, in distinguishing them from the symptoms of other diseases, and in determining their gravity and import is quite another thing;—this is the art of Diagnosis. The knowledge of the power of *Bark* to extinguish an ague-fit, and in certain cases to cure the disease, is one thing;—this is the science of Healing: the skill required to prescribe the drug in right doses at right times is quite another thing;—this is the art of Healing. By no conceivable—or inconceivable—process can the knowledge of the conditions to be dealt with—science—be converted into skill in dealing with the conditions—art. The function of the medical man is an art—yes, "*only* an art." So it has been since the days of Hippocrates and before him, and so it will be to the end of time. It is his duty to know a great deal before he can profitably discharge his functions, and this knowledge is his science. But much as he may know, however learned in his science he may be, unless he has by patient exercise and cultivation of his powers acquired practical skill in relieving the sick, he is not a medical man at all—he is a scientist merely, not an artist.

A patient of mine, himself an artist and well able to appreciate artistic qualities, has at different times had to undergo a painful surgical operation. The operation has been performed by surgeons of the highest eminence, first

by the late Sir W. Fergusson and afterwards by a surgeon now living. The conditions under which the operation was performed on the two occasions were as nearly as possible exactly alike. In point of scientific attainment there was nothing to choose between the two operators. But my patient tells me that nothing would induce him to put himself a second time into the hands of the surgeon who operated after Sir W. Fergusson :—the operation by the two men was quite a different thing. In the hands of Sir William he felt at once that he was in the hands of an artist ; the very touch of the other was quite different from his ; the amount of pain caused by the two surgeons was out of all proportion. Now, wherein lay the difference? Was it in knowledge of anatomy, physiology, and all the other sciences supposed to be necessary for the medical man to know that Sir William was superior to the other? The mention of the other's name would at once negative such a supposition. The difference lay here—Sir William was an artist. By patient cultivation of his natural powers he had acquired a skill which the other did not possess, and which no degree of proficiency in science could make up for.

Do not let it be supposed that I object to scientific medical practice. The practice of Sir William Fergusson was more scientific than that of the other, not because he knew more, but because he had mastered the art of putting in practice what he knew. His work was in stricter conformity to the conditions to be dealt with. He who knows accurately all that can be known of the human frame in health and in disease, and who, acting on this knowledge, applies his skilled powers in distinguishing the diseased conditions in a given case—this is a scientific practitioner. He who knows all that can be known of the powers of remedies over diseased conditions, and who, acting on this knowledge, brings skilled power in the use of these means to the service of the sick—this is a scientific practitioner.

But this is not what is usually regarded as deserving the name scientific in medical affairs. What is so regarded was clearly shown at a meeting of the Materia Medica Section of

the International Medical Congress of 1881. At the close of a discussion in which a number of physicians of experience had brought forward important facts observed by them in the treatment of disease, the President, Prof. Fraser, of Edinburgh, made a few observations. He said that the remarks of the speakers, with one exception, had not come up to the scientific level of the day. The one speaker who was thus honourably excepted was Dr. Murrell, who had spoken of the behaviour under the action of different drugs of the hearts of frogs cut out of their bodies! Now, until it is determined what relation exists between the excised heart of a frog and the heart of a human being in the body, this is not medical science at all; it helps the medical man no whit in discovering what is wrong with his patient, or in putting that wrong right. This is solemn trifling, and, like the tubes full of coloured fluid which the market-place quack gives his dupes to hold that he may divine from the movements he observes what malady possesses them, these experiments on excised frogs' hearts serve only to inspire those who—like Prof. Fraser—ought to know better, with an idea of the scientific eminence of those who perform them.

Nor, in spite of the *Medical Times,* is theoretical practice scientific. The germ theory of disease is not the doctor's science. Until it is proved what share micro-organisms have in disease processes, they afford no ground for the medical man to work on, whatever interest they may have for the biologist. When Vulpian, acting on the assumption that the germ-theory is true, seeks to kill the microbe of typhoid fever in his patients suffering from that disease, he is not acting on known but on supposed conditions; his practice is not scientific but theoretical: and when, instead of the microbe, he poisons his patients, the badness of his art—and of all such art—is made apparent. And when Dr. Burdon Sanderson* says that the title of "Institutes of Medicine"—that is, the foundation of the doctor's art—"does not properly belong to the science which deals with the workings of the human body," but "really belongs to another branch of scientific inquiry, that which

* *Inaugural Address* at Oxford, *Lancet,* Oct. 20, 1883.

consists of the experimental investigation of the nature and origin of diseases, and of the external agents which either produce or counteract them," he only shows that he is completely ignorant of the proper relations between science and art, and of what scientific medical practice really is. The practice which is based on an "inquiry" instead of on known facts is experimental and not scientific. Professor Vulpian's results are a significant comment on Dr. Burdon Sanderson's wonderful doctrine.

Again, the doctor's science does not lie in an extensive acquaintance with mongrel Greek and Latin words and scientific phrases. When the editor of the *Lancet** tells us that "It is sometimes forgotten that *coughs* (sic)—properly so-called in their integrity—are convulsions, expiratory efforts intended to eject from the air-cells or passages of the lungs, or from the windpipe or larynx, either secretions or exudations, or, occasionally, foreign substances, which impede the act of respiration," we are not to infer that he is unusually scientific in his treatment of coughs, but only that he has a great facility for saying in learned jargon what everyone knows, to wit, that coughs are—coughs. Nor was that an eminently scientific practitioner who told a lay friend of mine to whom he was relating the particulars of a race-accident at which he had assisted, that an unfortunate person had sustained a fracture of the clavicle, adding, "*There are three thirds in the clavicle*, you know, and this took place in the middle one!" I can match these two, in scientific value, with the saying of an old dame who came to my hospital clinic. She wished to consult me about her daughter whom she had brought. I asked her if the patient had lost flesh since her illness began; upon which she broke out with this: "O, no! Sir, I only wish she had! *It doesn't play on the constitution if it touches the flesh!*" The worthy old lady had observed a fact,—or had imagined she had,—and she translated that fact into theoretical and, as far as she knew how, scientific language. In other circumstances she might have edited another *Lancet* with no little success.

* Dec. 15, 1883.

It is sometimes said that the science of medicine is made up of many sciences—physics, chemistry, botany, zoology, normal and abnormal anatomy and physiology, and materia medica. This is not the case. The science needed by the medical man partakes of these sciences to a greater or less extent, but it is not identical with any or all, and it includes many things of which these take no note. Now that the doctor no longer collects his own herbs he makes no use of botany in his practice, however desirable it may be for his intelligence that he should know it: the botanical characters of a plant are altogether different from its powers over the human body. Again, however necessary it may be for a professor of physiology to know all the various theories advanced to explain Development, this knowledge is of little service to the doctor when he comes to the bedside of the sick. What it is necessary for him to know is, the facts of anatomy and physiology—morbid and healthy—so far as to be able to form a true conception of the condition of his patient, and to know the external conditions that are capable of influencing him either for good or evil. This is the twofold science the medical man needs to enable him to practise his twofold art with success.

Imagine a modern neophyte placed by the side of a sick-bed along with Sydenham in his prime. The latter would not be able to pass a modern examination in elementary science; he would be a stranger to the atomic theory and the germ theory alike; he would know nothing of bathybius, protoplasm, embryology, or evolution, and yet what sane person would not prefer Sydenham's opinion as to the state of the patient, the gravity of the case, and the likelihood of recovery to that of the modern tiro? True, he would not, if the case were obscure, be able, like the latter, to utter with an air of profundity the words "neurosis" or "vaso-motor," and he might not give the condition the name by which it is now generally known; but in all the essentials of the diagnostic science and art he would be immeasurably the other's superior. In regard to the art of Healing there might not be much difference. Treatment has always been founded almost entirely on theories of dis-

ease, and Sydenham doubtless often lessened his patients' chance of recovery by employing blood-letting on the supposition that it was necessary to employ an "antiphlogistic:" but Sydenham did not poison his patients with carbolic acid under the impression that he was killing microbes.

I said it was necessary for the doctor to know the *facts* of anatomy and physiology. Here is the point where a great deal of the confusion begins. The object of the student of science is to get at facts through phenomena. This is right and necessary. The mistake made by modern teachers in the medical schools is that they do not recognise what are the facts with which we must be content. In all the concrete sciences, and especially the science which deals with life, the *ultimate* fact of any phenomenon, or group of phenomena, we can never reach. In physics we may recognise the existence of the force of gravity, but we must acknowledge that the force itself is a mystery to us. In all the sciences which are concerned with living things the complexity is much greater. There is a factor which we can never fully estimate; and until we are honest with ourselves and acknowledge this to be so we must inevitably fall into error. At this point medical thought divides into two streams. One set of thinkers deny the existence of any such unmeasurable factor. "There is no more mystery in living bodies than there is in a steam-engine," said a teacher of physiology to his class not many months ago. The other class, recognising the existence of the unknown force, think that since it is unknown and not to be weighed and measured, they may in their calculations ignore its existence. Both sets of thinkers are illogical and unscientific. There is a difference between a piece of living protoplasm and the same protoplasm the moment life has left it. Until men of science have explained what that difference is it is folly alike to deny or ignore its existence.

But if the life-force is unknown in its essence it is not unknown in its manifestations. We have these for our guidance, and these constitute the basis facts of our science. It would be much more satisfactory to the scientific type of mind if the explanation of these facts were to be reached; it

would be much more satisfactory if we could see all that takes place in the inner workings of the economy when a person takes cold, but until the mystery of the invisible life-force is solved the phenomena are themselves our facts: the chill, the fever, the catarrh, the malaise,—the knowledge of these constitutes our science. If we frame an explanation of the inner power, and then prefer our explanation to the phenomena sought to be explained, we are not scientific but the reverse. And again, if we are not content to know that certain drugs have certain powers over different parts of the body, but must wait until we have found some theory satisfactory to ourselves of their peculiar power and affinity before we use them, we are not following the dictates of true science. And yet the search for these explanations of the inexplicable are now regarded as the highest aim of what is called medical science. It is this that is leading men to perform dreadful experiments on living animals, although they differ in unknown ways and degrees in their anatomy and physiology from man. It is these that are held up to the student for his admiration as constituting genuine science and the glory of the medical profession.

And what is the result of this teaching? I happen to be able to gauge it pretty accurately in my own case. In my pupilage, before joining my university, I remember that I had an idea that the purpose of my life was to be the healing of the sick. In a small way, I felt that I was able to do something of the kind, even at that early stage, under the eye of my elders. I had a notion, also, that the limited extent of my powers was chiefly due to the fact that I could only in a very slight degree understand the phenomena that came before me. I could recognise a number of disorders, but I did not understand the *rationale* of them. I thought that when I should attain to this it would enable me to do much more for my patients.

A few years later I was present at a meeting of a society of medical students of which I was a member, where a paper was read on the subject of "Therapeutics." By dint of much study, I had, by this time, become fairly proficient in a number of sciences, and I can measure the effect the teach-

ing had had on myself by remembering the astonishment, which I shared with the majority of those present, when the reader of the paper made this remark: "After all, therapeutics—the curing of his patients—is the chief end of the doctor's calling." I had come to believe that the chief end of the doctor was to be able to give a scientific explanation of anything and everything connected with the sick!

Another result of the exaltation of what is supposed to be science in the course of medical training is seen in the newly-qualified when first thrown on their own resources. Most men, I take it, will remember experiencing at that moment—unless a long course of post-graduation practice in house-surgeonships have given them confidence—a dreadful sense of helplessness,* which only diligent exercise of their faculties in dealing with the sick has sufficed to wear off; and the exigencies of life,—the responsibility which cannot be escaped,—if no higher cause, soon compel this diligence. But when the newly-qualified accepts some subordinate post, where responsibility is reduced to a minimum, the real effects of the glorification of science in medical training is more plainly exhibited. The word you most frequently hear from him is the word "interesting." His work is "interesting;" the cases are "interesting;" a very dangerous case is "extremely interesting;" it affords boundless scope for his highly developed talent for weaving explanatory theories—the chief aim of his life—with the result of which, however, patients are ungrateful enough not to be satisfied. Happily, the seniors under whom he works have had their feeling of "interest" in the cases

* This is not always the case, as an incident related to the writer will serve to show. A licentiate of a northern medical college of no very high repute, the day after his "qualification" had been conferred upon him, appeared as formerly in the hospital wards in the train of the clinical professor. The latter, forgetting the mystic change that had come over the youth within the previous twenty-four hours, questioned him as usual about the cases, and, as usual, when he made a foolish mistake, rebuked him with professional severity. Stung to the depths of his professional pride, the new-born licentiate floored the professor with this retort: "Well, I think I may be allowed an *opinion*, seeing I am now a *qualified man!*"

mastered by another sentiment; and when our neophyte comes to solicit the favours of a suffering public, he himself soon finds that the interestingness of his patients is not the main consideration.

But though his manner of regarding and dealing with patients undergoes a radical change under the wholesome pressure of responsibility, his belief in his powers of curing them does not, as a rule, grow stronger. When a patient asks to be cured the reply of Young Physic is this: My dear fellow, do not be unreasonable; we know a great deal more about your disease than we did formerly; we can tell you exactly what centres are deranged—at least, we think so—and "we must be able to avert" your disorder better next time; we must "tend to treat diseases better"—and your disease among them—"if any such action be possible." I am not going to give you drugs; you have had the comfort of having your disease explained to you most scientifically. Unfortunately our pharmacologists have not yet explained drug-action satisfactorily, and the scientific physician "wants a reason why, before he gives a drug." "The monition of the best medicine of to-day" is: "Amend the life according to biological laws, repent of physiological transgressions, and throw physic to the dogs." These are the sentiments of Dr. H. Donkin, expressed in an introductory address delivered by him at the London School of Medicine for Women in October last.* This is the hopeful—and natural—outcome of the teaching which regards theoretical explanations of drug-action and disease as of greater scientific importance than the facts.

So far from this being genuinely scientific teaching it is the very negation of science. It would be as wise on the part of a natural philosopher to disregard the phenomena connected with the force of gravity until he had satisfactorily explained what that force was, as for the physician to refuse to utilise the power of drugs until he had found an explanation of them satisfactory to himself. It is impossible to conceive the difference it would make to medical practice if students were clearly shown that their

* *Medical Times and Gazette*, Oct. 6, 1883.

business in life is to be not scientists, but practitioners of an art; that their art must always keep on a level with their science—their knowledge never be too great for them to be able to utilise; that as practitioners of medicine, physiological and pathological investigations, apart from clinical observations, are no business of theirs; that all these scientific acquirements are only valuable—apart from any beneficial influence they may have on their general intelligence—in so far as they minister to their understanding of their own peculiar science—the knowledge of the constitution of the human organism and all that can influence it for good or evil. The true end to set before students is the acquirement of an art. They should be shown that this depends altogether on themselves; that the condition on which they may have it is—patient, self-denying, honest practice. And not only is this the sole way of their acquiring proficiency in their art, it is the only true way of advancing their proper science. Art always has preceded science, and always must. The men who have done most for the science of the medical practitioner are those who have most devotedly cultivated his art. Who has served the cause of science best, Trousseau or Claude Bernard? Jonathan Hutchinson or Burdon Sanderson?

The medical practitioner is an artist first and last. He is only a scientist in so far as science ministers to the practising of his art. The twofold art he professes is a noble art. The very difficulties that beset the attainment of proficiency in its practice confer on it nobility by the qualities called out to surmount them. There is no royal road. The scientists, with their explanations and simplifyings, have not yet succeeded, and never will succeed, in reducing the doctor's art to something like the working of a Babbage calculating machine. This is what they seem to mean when they talk of "reducing"—or "elevating"—an art to a science. In spite of all their efforts—let Science advance to what height of sublimity she may—they will never succeed in turning out into the world ready-made Sydenhams after a four or five years' course of study. Sydenhams are not made in the schools; they are made by their own

honest, unpretentious, self-devoted practice of the art they profess. The true function of the schools is to put the students in the way of doing this; to show them that on themselves depends whether they succeed or fail; to encourage them manfully to meet the difficulties that beset their endeavours to render themselves helpful and efficient at the bedside of the sick. A few years of work of this kind will confer no mean degree of proficiency in his art on him who gives himself up to it, and will lay the only foundation for future advance. Perfect mastery in this art of arts a whole lifetime is too short in which to attain. The devotion of a life is not enough to confer this; and nothing short of a life's devotion is demanded for the acquirement of high proficiency. The dilettante has no place among the worthy professors of the Doctor's Art:

> "The track our venturous keel must furrow brooks
> . . . no self-sparing pilot."

REMARKS AND SUGGESTIONS CONCERNING HOMŒOPATHIC PREPARATIONS.

By Isaac C. Thompson, F.R.M.S.

A paper, by Dr. J. Edward Smith, of Cleveland, Ohio, appears in the volume of *Transactions of the American Institute of Homœopathy*, bearing the above title; and as the subject is most important and the conclusions of the writer if left unchallenged are likely to lead to serious misapprehension I propose to offer some remarks thereon.

Dr. Smith is known as a skilful microscopist, and he has at various times made valuable observations on homœopathic triturations. On the latter subject, in this paper, he does me the honour of devoting several pages to an abstract and criticism of a paper of mine upon *Lycopodium*, but to this I shall allude further on.

The paper commences with the trite words from the

Organon: "The physician should have at his disposal only *genuine and unadulterated medicines retaining their full virtues,* in order &c. Only one *simple* medicinal substance should be used at a time," &c.

Dr. Smith's contention is that the vehicles commonly used in the preparation and attenuation of our medicines, of themselves contain other drugs in such variety and quantity as to nullify the above fundamental rule, if not actually to counteract the effects of the drug they are merely used to preserve.

Many pages of this lengthy essay are devoted to elaborate analyses of sugar of milk, observations which it can easily be credited "cost considerable time and labour." They are used to show that the respective samples of milk sugar obtained from various homœopathic chemists were found to contain several kinds of drugs, and in sufficient quantity to equal the third, fourth, or fifth attenuation. It would be quite unnecessary to conduct as many analyses as Dr. Smith has caused to be done in order to test the value or correctness of his experiments, for even supposing that the results do fairly represent the general purity of sugar of milk (which, however, I am not prepared to grant), I maintain that his conclusions therefrom are entirely fallacious.

Let us examine the method of procedure adopted by Dr. Smith.

By means of the spectroscope he finds sodium in every specimen of sugar of milk he examined, "while in one sample," he says, "I feel sure that I have seen the lithium line." Now, every spectroscopist knows that it is next to impossible to examine any substance whatever without seeing the line of sodium; the presence of salt being so universally diffused throughout the atmosphere, and the spectroscopic test being so exceedingly sensitive that the minutest particles in the air charged with the vapour of sodium reveal its presence. This is the more interesting and remarkable inasmuch as by ordinary chemical means the presence of sodium is always most difficult to determine.

That Dr. Smith should "feel sure" that in the ash of one specimen of sugar of milk he detected lithium is not

very extraordinary, as the presence of lithium in nearly all ash has been another of the discoveries revealed by the spectroscope. So much then for the spectroscopic results obtained by Dr. Smith, which simply show what is already well known as to the more universal diffusion of sodium and lithium than was formerly supposed to be the case.

In order to corroborate the correctness of Dr. Smith's general analyses of milk sugar I submitted two ordinary samples, taken at random, to Mr. A. Norman Tate, the eminent analyst of our city, asking for exceptional care as to minutest details.

Along with the detailed analysis Mr. Tate writes: "I am now able to report that these samples both consist of pure milk sugar with a very minute amount of mineral constituents." This "very minute amount" of mineral constituents obtained by Mr. Tate by incineration has much the same general composition as the analyses of Dr. Smith show. But of starch we do not find the minutest trace either in these two samples or in several others (some being American) which I have carefully examined, and it is difficult to see how starch should occur at all in sugar of milk unless the latter were loosely preserved and the starch granules were wafted in.

The mineral constituents found in these minute quantities, as lime, salica, phosphorus, iron, and alumina, are to a considerable extent found in the analysis of all milk, and their presence there probably entirely accounts for the very minute quantities we find in the ash of sugar of milk, although no doubt *theoretically* they should not be there.

Does Dr. Smith strictly prohibit his patients from partaking of milk in any form during treatment? And as to their more solid food is he careful to find that the ash of their composition is free from the above-enumerated and other substances used in medicine? But, it may be answered, that is not the question, as it only adds further difficulty and makes the case for homœopathy worse still. Do patients, in point of fact, either in food or in the vehicle in which a minute quantity of a drug is administered, take

any appreciable quantity of another drug in a free state? I maintain such is not the case, and that therefore Dr. Smith's fears and conclusions are groundless. He goes on the assumption that because the incinerated ash can be analysed into certain products, that therefore these products are themselves present in relative quantities before incineration took place, whereas they are there merely as parts of an organised structure. No reasoning could, to my mind, be more misleading or fallacious. Is a diamond simply carbo vegetabilis, or are we justified in attaching to diamond dust the same therapeutic value as to powdered charcoal, because we know that by incineration the diamond can be resolved into pure carbon? Is protoplasm merely, or indeed in any sense, a compound of carbon, hydrogen, oxygen, and nitrogen, because by the application of sufficient heat it can apparently be resolved into these substances? Most assuredly not. Heat has a chemical and transforming power of its own, and the ash of any substance is not a necessary criterion of the composition of that substance before its component parts were changed and separated one from another, although they did enter into its organised structure now disorganised. Were the *ash* of milk sugar used as the vehicle in our triturations, then there would be logical ground for complaint of the impurity of our triturations. Heat is a great chemical power, and every pharmaceutist is careful to note its effects when its agency is required in manipulation.

It is unnecessary to follow Dr. Smith further in his details of analysis. Pellets made of sugar of milk after passing through the refiner's (?) fire are shown to yield similar results, as also several triturations experimented upon.

The next part of the paper deals with *Lycopodium*, and the writer quotes at considerable length my experiments thereon; but after narrating his following out of them, and with apparently exactly similar results, he says: "It will thus be seen that these experiments do not not confirm the statement of Mr. Thompson which I have italicised in my quotation from his paper." As the only part of the

quotation italicised are the words "*and minute subdivision completely accomplished*" (this referring to the length of time required for trituration), I fail to see the point on which we are not agreed. For in a previous sentence Dr. Smith tells us "four hours' time proved sufficient to break down every spore, while ten hours' time was sufficient to produce the greatest possible comminution of the spores." If it is merely the difference of time that he alludes to, I expressly stated that "if a *small quantity* (not more than 500 grains) be well triturated for two hours, the 1x trituration so prepared will on microscopical examination show all the sporules to be *thoroughly crushed.*" I was careful to add "a small quantity," and to define it, having noticed that the quantity usually made at one time required much longer trituration. And it was of the first centesimal and higher triturations made from this that I used the words "minute subdivision completely accomplished."

Several analyses of the incinerated ash of *Lycopodium* sporules are given by Dr. Smith, and, as might be supposed, the result is the production of fresh compounds, as lime, alumina, iron, &c., but that this result "demonstrates in the most positive manner the impossibility of preparing the higher attenuations of this drug by trituration with sugar of milk" is only intelligible on Dr. Smith's extraordinary assumption that sugar of milk and *Lycopodium* are very similar in composition, as shown by "simple comparison of the foregoing several analyses" of ash. Strange to say, he apparently finds no organic constituents whatever in *Lycopodium,* so we need not be surprised that his reasoning should be at fault.

Against Dr. Smith's proposal to separate and discard the fixed oil in the preparation of *Lycopodium* tincture, the fact that the provings of *Lycopodium* were from a drug prepared from the entire sporules, should make us hesitate, as it is more than probable that such an alteration in its substance would affect its range of action.

From no cause is the onward progress of homœopathy more in jeopardy than from laxness or impurity in the preparation of its remedies, and the thanks of the medical pro-

fession and of pharmaceutists are due to Dr. Smith for the pains with which he has called attention to what seems to him a radical defect therein.

DR. C. J. B. WILLIAMS ON HOMŒOPATHY.

Dr. Williams was well known as a physician credited with a peculiar knowledge of diseases of the lungs and heart, and he practised for a long time in London as a consulting physician, more particularly for chest affections. Perhaps he will be best remembered by his medical brethren as a zealous advocate of cod-liver oil in consumption. Whether he has done anything to advance our knowledge of the pathology or therapeutics of this or any other disease we are not aware, for his analysis of 1000 cases of phthisis among the denizens of what the immortal Fitz-James de la Pluche calls the "upper succles," though done with conscientious care, cannot be considered of much value, as neither phthisis nor medical practice is confined to the aristocratic classes. There is no doubt, however, that Dr. Williams enjoyed an immense reputation, both with patients and doctors, as a consultant, and that his practice has yielded him a respectable fortune which we hope he may long enjoy in the southern town he has selected to pass his elderly leisure in.

But to a man so long engaged in the busy turmoil of metropolitan practice, the *dolce far niente* of retirement must be after a little while intolerable. We are told on excellent authority that "Satan finds some mischief still for idle hands to do," so perhaps we may credit that potentate with having put it into Dr. Williams' head to write his autobiography,* though Dr. Williams attributes to the "continued mercy" of quite another power, that he has been "enabled so far to complete" these memoirs (Preface); but, then, perhaps Dr.

* *Memoirs of Life and Work.* By Charles J. B. Williams, M.D., F.R.S., Physician Extraordinary to the Queen, &c. &c. London: Smith, Elder & Co. 1884.

Williams may be mistaken as to the source of his inspiration. Now, we do not object to anyone writing an account of his life, provided he has anything interesting or useful to tell us, provided he can express what he wishes to say in tolerably good English, provided he does not irritate us by discoursing of subjects he evidently knows nothing about, and provided he does not pervert and give an "utterly untrue" (to use one of his own terms) account of well-known facts. That Dr. Williams has sinned against all these literary desiderata we could prove by many extracts from his book, but we shall content ourselves and prove our points against him by quoting his remarks on homœopathy. As regards the style of the following extract, we should mention that Dr. Williams says (p. 73) that an eminent literary relative "recommended me to take Addison rather than Johnson as my model." The reader will perceive how faithfully he has followed this good advice.

P. 254. After vaunting the virtues of cod-liver oil in consumption and various other diseases and his own merits in popularising its use, he says :

"My readers can have hardly failed to perceive that I am a *believer in medicine:* I hold it to be a corollary from this affirmation that I *disbelieve* in what is called *homœopathy.* I have not room in these memoirs to pursue the argument in detail, but I protest, *in limine,* against the fundamental dogmas of the homœopathy of Hahnemann. I. '*Similia similibus medentur*' or 'like cures like;' and II. 'Infinitesimal medication,' involving the paradoxical and gratuitous assumption *that an infinitesimally small* (or any small) *quantity shall have the reverse of the effect of a large quantity.* So far as I know, both of these, as absolute propositions, are *utterly untrue.*

"I. *Like cures like,—homœopaths tell* us that *thus* cow-pox cures or prevents smallpox; that sulphur, which can produce an eruption like itch, thus cures itch. On the contrary, physicians *know* that cow-pox is really the *same* disease as smallpox, but a milder form, and that vaccination prevents the occurrence of smallpox (*not by like curing like,* but) by anticipating it, *by producing* the *same* disease in a mild and harmless form.

"Physicians *know* also that sulphur cures itch (*not* by causing

a new eruption, which it very rarely does, but) by killing the *itch-insect*, which is its true cause.

"Other examples adduced by homœopathists to prove that *like cures like* can be equally set aside by the knowledge of the physician.

"II. In 'infinitesimal medication' I can see nothing but an outrage on common sense. Take it *hypothetically;* how can an increasing negation ever become a positive quality? How can the diminution of a property ever attain an opposite action? How can the large dilution of an agent effect a reversal of its operation? I know that homœopaths give fictile replies to such hypothetical questions, but the examples adduced in these replies are more logically and simply explained by the physician. But look at the *practical* working of this *infinitesimal medication* and see if it does not spurn all control of appreciability through the most delicate tests, and fly into the mystical regions of innumerability and utter vagueness! They pretend, indeed, to express in numbers their infinitesimal dilutions, and talk flippantly about their billionths and trillionths and decillionths of a grain, as if these were comprehensible numbers, and not mere abstractions of thought, belonging exclusively to the transcendental region of mathematics and astronomy. To pretend that such practical nonentities are physical agents, capable of controlling the bodily powers in the treatment of disease, is more monstrous than the frauds of mesmerism and magic. If homœopathy has any real agency it is not physical but metaphysical, through the mind and imagination, which is wonderfully active in atoning for the failures of all sorts of mockeries of medicine. Then, in defence, rises the fallacious argument of experimental success of homœopathy, attested by a fallible public and by two or three fanciful peers, pacing in the tracks of *post hoc, ergo propter hoc*, and ignoring the beneficent hand of kind Nature, who cures many diseases in spite of bad treatment or of no treatment at all. When statistical comparisons have been carefully made on a large scale, and with strict attention to all conditions, as in the hospitals of Vienna, the mortality has been proved to be much greater under homœopathy than under legitimate medicine.*

* *Homœopathy, its Tenets and Tendencies*, by Sir James W. Simpson, M.D., F.R.S.E., 1853. See also Dr. Routh's *Fallacies of Homœopathy*, 1852, and Dr. Wood's *Homœopathy Unmasked.*

"It has fallen to my lot to meet with several instances in which precious time has been lost and life has been sacrificed by the patients trusting to homœopathy in the early treatment of their illness. These remarks will sufficiently explain the following correspondence, which appeared in the *Lancet*, March 23rd, 1850."

Then follow two letters, one from some physician (not named) asking Dr. Williams to give his opinion relative to a case of suspected disease of the heart, and mentioning that the correspondent was a believer in homœopathy. The second from Dr. W. refusing to do as desired and alleging as a reason that "I consider it *to be my duty to do nothing that can directly or indirectly countenance or aid it.*"

"In speaking of homœopathy I allude to that of its inventor, Hahnemann, professedly adopted and strictly followed by numerous disciples. We are told now that modern homœopathists no longer hold his characteristic doctrines, either of *similia similibus*, &c., or of *infinitesimal doses*. If so they are no longer *homœopaths*, and if they retain the title they deserve to be denounced as *swindlers*, practising and obtaining money under false pretences."

That our author has in these observations on homœopathy told us nothing either interesting or useful is obvious, and could scarcely fail to be otherwise, as it is manifest he knows nothing at all about the subject on which he writes.

It does not follow so conclusively as Dr. Williams seems to think that because he believes in cod-liver oil, therefore he is a believer in medicine, for it is now generally acknowledged that cod-liver oil is merely a food suitable for some patients and that it has no medicinal but only nutritious properties.

Nor would it strike the unprejudiced and well-informed reader that a disbelief in homœopathy is (in Dr. Williams's queer English) "a corollary from the affirmation" that he is a believer in medicine. No doubt the homœopathy Dr. Williams describes is incompatible with a sound belief in medicine or even in cod-liver oil, but then Dr. Williams's homœopathy is a something evolved from his own inner

consciousness, a mere figure of straw constructed by himself for the sole purpose of being pulled to pieces. Whether Dr. Williams, knowing what homœopathy really is, has deliberately misrepresented it, or whether he ignorantly believes that his description is a truthful one, we will not undertake to decide. Any way, it is little creditable to a professor of medicine, and moreover, a writer on the "Principles of Medicine," to publish such an inaccurate description of a system of medicine which commands the assent of so many thousands of his medical brethren. On the whole we incline to the belief that Dr. Williams knows nothing at all about the system he condemns, for it is unpleasant to think that any physician, especially one who has retired from the strifes and struggles of actual practice, should wilfully misrepresent a system he dislikes. No doubt then Dr. Williams believes that he gives here a correct description of homœopathy, or at least he will not take the trouble to inquire whether it is correct or no, because he can gird and sneer and jeer at the simulacrum he has set up to represent homœopathy, whereas he may perhaps have a presentiment that the real homœopathy might not admit of such a facile and pleasant mode of treatment. Still this plan of misrepresenting your opponent's views before proceeding to refute them does not answer in the long run, especially when these views are so generally known as homœopathy is. We venture to say that few of the readers of Dr. Williams's book are not perfectly aware that his description of the homœopathic doctrine is utterly unlike the reality, and they may feel disposed to tax the author with unfairness, for everyone does not know, as we do, that such conduct is unknown among medical authors, and that Dr. Williams's failure to give a correct account of homœpathy is only owing to his utter ignorance of the subject, and to his firm belief that the monstrosity he here presents us with is the real doctrine of Hahnemann, which every doctor knows by intuition, without needing to give himself the trouble to learn it in the works of its author. If Dr. Williams's character for fairness can only be defended at

the expense of his intelligence, that is not our fault, but it only shows that after all it is desirable that an author should know something about the subject on which he writes, and that whether he has room or not "to pursue the argument in detail," he ought to know what it is he has to argue about. This indispensable preliminary to fruitful argument Dr. Williams has curiously enough neglected, and the consequence is that we find him battling manfully against unrealities, and combating with much expenditure of acrimonius language propositions which no one but himself has ever enunciated. We can hardly conceive any occupation more unprofitable than that of propounding nonsensical statements merely for the purpose of showing their absurdity. Threshing straw, flogging a dead horse, ploughing the sand, are kindred operations, only justifiable on the ground that they serve as exercise and do no one any harm. Possibly a retired physician having abundant energy and unlimited leisure may derive pleasure from such exercitations, but he would do well to keep them private and not invite all the world to look at his performance as though it were something meritorious.

But let us prove our charge that Dr. Williams knows nothing about homœopathy. We should premise that in the above extract from his autobiography all the italics and the peculiar punctuation are the author's own.

After professing his disbelief in "what is called homœopathy," he says he has not room "to pursue the argument in detail," whatever that may mean; but he protests "*in limine,* against the fundamental dogmas of the homœopathy of Hahnemann." These "fundamental dogmas," according to Dr. Williams, are—I. "*Similia similibus medentur,* or 'like cures like.'" Here we remark that Hahnemann nowhere makes use of this expression; but his words are: *Similia similibus curentur,* the translation of which is, as everyone knows: "let likes be treated by like,' which is not a dogma fundamental or other, but the epitome or symbol of his rule of practice: that a disease is to be treated by a medicine which is capable of exciting a similar morbid state in the healthy body. This therapeutic rule, which Dr. Williams

denounces emphatically in italics as "*utterly untrue,*" bears a striking resemblance to the therapeutic practice inculcated twenty-two years ago by a physician whose authority in medical matters Dr. Williams would be the last person to deny:

"The deduction of results from the administration of compound formulæ," says Dr. C. J. B. Williams, in his *Lumleian Lectures* in 1862, "and under ordinary circumstances, is open to so many sources of fallacy as to be practically of little value; and such experiments are useless unless we take the therapeutic element in its strictest isolation and direct it simply and anatomically to the special organ or tissue to which the experiment relates."—*Lancet*, April 9th, 1862. Dr. Williams tells us, in the first chapter of his autobiography, that in his youth he was fond of walking on stilts. Though he may have abandoned this pastime when he began to practise in London, his youthful taste is recognisable in his phraseology which is very decidedly *stilted*. Reduced from its rhetorical stilts to the lower level of ordinary language this passage implies that in order to cure a disease the medicine must have a specific affinity for the organ or tissue morbidly affected, and that it should be given singly and alone, which is precisely what Hahnemann taught. Here we find Dr. Williams teaching the "fundamental dogmas" of homœopathy, as M. Jourdain talked prose, without knowing it. What seems to him "utterly untrue" when given in the simple language of Hahnemann, is the perfection of scientific treatment when expressed in the high falutin rigmarole of the Lumleian lecturer.

Dr. Williams is entirely wrong in his illustrations of homœopathic treatment. That vaccination prevents small-pox "by producing the same disease in a mild and harmless form" is as generally believed in the homœopathic as in the orthodox school, and no homœopathic writer holds that cow-pox *cures* small-pox. Nor do homœopathists allege that sulphur cures itch "by causing a new eruption;" and Hahnemann himself taught us how to kill the itch insect by sulphur long before Dr. Williams was born,

as he may read in an article we have translated in this number of our journal.

"Other examples adduced by homœopathists to prove that *like cures like*," says our author loftily, "can be equally set aside by the knowledge of the physician;" but he refrains from giving other or indeed any examples. "Set aside" is a very appropriate expression to apply to the method adopted by our opponents. The proofs we offer of the truth of our therapeutic rule are not met by argument or experiment, they are contemptuously "set aside" or ignored. This does not prevent the adoption by the orthodox school of our distinctive methods and remedies, and thus we see their leading men inculcating the necessity of proving medicines on the healthy in order to learn their precise action, of administering remedies singly, and in minute doses, and recommending medicines whose homœopathic relation to the disease is notorious, such as ipecacuanha in vomiting, aconite in neuralgia, corrosive sublimate in dysentery, &c., and "conveying" specifics from our materia medica which were previously unknown to their own, as calcium sulphide for abscesses, *Drosera* for whooping cough, *Pulsatilla* for menstrual obstructions, *Nitro-glycerine* for headache, &c.

The other "fundamental dogma" of homœopathy, according to Dr. Williams, is "infinitesimal medication," which is of course no dogma at all, nor yet an essential of homœopathy, for homœopathy was long taught and practised by Hahnemann without any material alteration of the ordinary medicinal dose, and he only diminished the dose in order to avoid the production of the collateral disturbing effects of the medicine. Orthodox practitioners when prescribing medicines on homœopathic principles have likewise found it necessary to give them in minute doses, thus Ringer gives *Corrosive sublimate* in $\frac{1}{50}$th or $\frac{1}{100}$th part of a grain for dysentery, *Ipecacuanha* in drop doses for vomiting, and Murrell gives fractional parts of drops of *Nitro-glycerine* and *Drosera* for the diseases he has been taught by homœopathy to cure by their means. But, says Dr. Williams, infinitesimal medication involves "the paradoxical and

gratuitous assumption that an infinitesimally small (or very small) quantity shall have the reverse of the effect of a large quantity." It is true that some homœopathic writers have alleged that small doses have the opposite or contrary effect of large doses, but they are not singular in this belief, for the same idea has been recently propounded by the editor of the *Lancet* and other orthodox authorities. Whether "utterly untrue" or utterly true we shall leave Dr. Williams to settle with his orthodox brethren. The truth of homœopathy and the efficacy of small doses do not depend on the correctness of this opinion, which is a pure speculation.

"In 'infinitesimal medication,'" says Dr. Williams, meaning thereby the administration of medicines in small doses, "I can see nothing but an outrage on common sense." Just so; all novel ideas are regarded by those who do not understand them as "an outrage on common sense." We are used to this style of argument. The ideas of lighting towns by gas, of travelling twenty miles an hour, of steaming across the Atlantic, of conversing with distant places by wire, of abolishing the corn laws, in short all the ideas of the great inventors and reformers of this and former centuries were denounced as outrages on common sense. And naturally, for being the outcomes of uncommon sense, they were something altogether out of the line of common sense; and hence were regarded by the latter as outrages.

This we may call the cock-a-doodle-doo style of argument. Common sense, *stans super vias antiquas,* like chanticleer on his dunghill, crows defiance at every innovation. 'Tis an outrage on me—cock-a-doodle-doo! Dr. Williams tells us that when a youth "I used to spend a good deal of time in the poultry yard and I made a special study of the language of cocks and hens. I got to learn their different notes and cries and to imitate them." Evil communications corrupt good manners; hence the propensity of Dr. Williams to behave towards modes of treatment that threaten to upset ancient traditional methods, in the manner he learnt in the poultry yard. If Dr. Williams were still engaged in prac-

tice there might be some hope of him learning by experience the efficacy of small doses when employed homœopathically, in which case he would discover that "infinitesimal medication," was no outrage on common sense, for by the aid of experience common sense had come to discover its efficacy.

Dr. Williams next proceeds to "take it hypothetically," and this he does by asking three questions, which are of such an extraordinary character, that we suppose they are meant for conundrums. The first is, "How can an increasing negation ever become a positive quality?" We are disposed to say "give it up" at once, as we have not the slightest notion what an "increasing negation" is. Perhaps after all it is a grammatical riddle, and is merely the way in which a person addicted to mount on rhetorical stilts would ask: how do two negatives make an affirmative? If not this then we are quite at a loss to understand it. The second conundrum is, "How can the diminution of a property ever attain an opposite action?" This is if possible still more puzzling than the first. The idea of a diminution ever attaining any action is inconceivable. Is it perhaps meant for a legal conundrum? As though he should say: "How can the heir to an estate bring an action against his trustees for allowing his property to be diminished?" Something of this sort it seems to imply, but still we don't see what either of these conundrums has to do with infinitesimal medication. The third riddle is, "How can the large dilution of an agent effect a reversal of its operation?" We have read that Irish agents bent on evictions have frequently had to reverse their operations by being ducked in a horse pond, whereby they may be figuratively considered to be largely diluted, but this can hardly be what Dr. Williams is alluding to. If he has any meaning in these three conundrums, perhaps he will kindly endeavour to put them into intelligible English so that we may at least have some conception of what they are all about. Apparently Dr. Williams credits us with being able to answer his conundrums. "I know," he says, "that homœopaths give fictile replies to such hypothetical questions." What are "fictile replies"? Are they rare specimens of the ceramic art? A

drunken costermonger throws a plate at his wife's head when she asks him for money, is that a "fictile" reply? Do tell us what you mean Dr. Williams. It is too bad to tantalise us with so many mysterious expressions. We fear we have not the patience nor the ability to learn your language as you learnt the language of cocks and hens. "The examples adduced in these (fictile) replies," he continues, "are more logically and simply explained by the physician." This is altogether beyond us. Examples of what? How can examples be logically and simply explained? By what physician?

We are next told that "the practical working of their infinitesimal medication spurns all control of appreciability through the most delicate tests, and flies into the mystical regions of innumerability and utter vagueness." How "practical working" can spurn and fly, and what is meant by "all control of appreciability," and "the mystical region of innumerability," we cannot for the life of us comprehend. This is surely an example of "utter vagueness."

It is wearisome to follow the maunderings of the author through his next sentences, in which he pronounces billionths, trillionths, and decillionths of a grain to be "mere abstractions of thought, belonging exclusively to the transcendental region of mathematics and astronomy," as though they did not belong to the untranscendental region of mathematics, namely, simple arithmetic. "To pretend that such practical nonentities [viz. billionths, trillionths, and decillionths of a grain] are physical agents capable of controlling the bodily powers in the treatment of disease, is more monstrous than the frauds of mesmerism and magic." Cock-a-doodle-doo! Then he tells us that homœopathy only acts "through the mind and imagination," which is an admission that it does act, and if patients are cured it matters little or nothing to them whether they are cured by billionths and trillionths of a grain through the mind and imagination or by drachms and ounces through the stomach and bowels. "The mind and the imagination," he proceeds, "is wonderfully active in atoning for the failures of all sorts of mockeries of medicine." This

may have some very profound meaning but what it is we have no idea. It seems rather hard on the mind and imagination to have to atone for the failures of medicine or its mockeries, whatever they may be. Dr. Williams then indulges in a sneer at "the fallacious argument of experimental success of homœopathy," but just before he had appealed to the experimental success of cod-liver oil, which he did not then regard as a "fallacious argument." It is not easy to see how the value of any method of treatment can be proved otherwise than by "experimental success." The proof of the pudding is in the eating of it, and the proof of the efficacy of a mode of treatment is in its successful results. In every case it is the verdict of the public by which the efficacy of a mode of treatment must be decided, and it is not apparent why the public that attests in favour of homœopathy should be more fallible than that which decides on the advantages of—say cod-liver oil. That the "fallible public" which attest the experimental success of homœopathy is reinforced by "two or three fanciful peers" does not much signify, and no doubt they present as dignified a spectacle "pacing in the tracks of *post hoc, ergo propter hoc*," as Dr. Williams himself did when, mounted on his twelve-foot stilts, he "was able," as he tells us, "to look into the upper windows of the house." It is a pity he did not leave off his stilts when he took to writing his life, for the high-flown language he uses is as much above our heads as he on his stilts was above the level of ordinary mortals. It is not for homœopathists to deny that "kind Nature" cures many diseases in spite of bad treatment, for that is precisely the way in which they account for the recoveries of patients under allopathy, so here we are for once entirely of Dr. Williams' way of thinking, and doubtless he can speak from a large experience on this subject.

"When statistical comparisons," says Dr. Williams, "have been carefully made on a large scale, and with strict attention to all conditions, as in the hospitals of Vienna, the mortality has been proved to be much greater under homœopathy than under legitimate medicine" and he refers

in a note to Simpson's *Homœopathy, its Tenets and Tendencies,* Routh's *Fallacies of Homœopathy,* and Wood's *Homœopathy Unmasked.*

In every particular this statement is utterly and entirely —well, not to be uncivil, let us say—incorrect. No statistical comparisons whatever have been made in the hospitals of Vienna; nor do the writers quoted allude to anything of the sort. Dr. Routh, it is true, in his *Fallacies,* compares the results of the homœopathic treatment in the Vienna and other homœopathic hospitals with those of the ordinary treatment in other hospitals abroad and at home, but so far from the mortality in his statistical tables being greater under homœopathic than under allopathic treatment, the exact opposite is the case. Thus, to take the statistics of some of the most important diseases as given in Routh's book (p. 78). In six homœopathic hospitals the mortality from *pneumonia* was 5·7 per cent. In three allopathic hospitals it was 24 per cent. In four homœopathic hospitals the mortality from *pleurisy* was 3 per cent. In five allopathic hospitals it was 13 per cent. In four homœopathic hospitals the mortality from *peritonitis* was 4 per cent. In ten allopathic hospitals it was 13 per cent. In four homœopathic hospitals the mortality from *dysentery* was 3 per cent. In ten allopathic hospitals it was 22 per cent. And so on with every disease enumerated, the mortality under homœopathic treatment is invariably smaller than that under the orthodox method.

The only instance of anything like a comparative trial of the two systems in Vienna was when the cholera epidemic raged in that town in 1836. The homœopathic hospital, then under Dr. Fleischmann, was converted into a cholera hospital and two allopathic physicians were appointed by Government as inspectors to report on the nature of the cases admitted, and the results of the treatment. The result of this comparative trial of the two systems in cholera we may give in the oft-quoted words of that distinguished orthodox authority, Sir William Wilde: "Upon comparing the report of the treatment of cholera in this hospital with that of the same disease in the other hospitals in Vienna

during the same period, it appeared that while two thirds of the cases treated by Dr. Fleischmann recovered, two thirds of those treated by the ordinary methods in the other hospitals died."

A similar comparative trial of the two systems in cholera took place in London during the epidemic of 1854, when the homœopathic hospital—also under the inspection of a Government allopathic inspector—showed a mortality of 16·4 per cent., against a mortality of 51·8 per cent. in the other cholera hospitals of the metropolis.

The only other passage in this wonderful tirade we shall remark on is the concluding sentence. "We are told now that modern homœopathists no longer hold his [Hahnemann's] characteristic doctrines, either of *similia similibus, &c.*, or of *infinitesimal doses*. If so, they are no longer *homœopaths*, and, if they retain the title, they deserve to be denounced as *swindlers*, practising and obtaining money under false pretences." Of course Dr. Williams knows perfectly well that a profession of homœopathy means an acknowledgment of the rule *similia similibus*, and that no physician would elect to incur the obloquy, the professional ostracism, and the exclusion from the honours and emoluments of the profession which are attached to the "title" of homœopath, unless he had an earnest and sincere belief in the truth of the therapeutic method the name implies. Dr. Williams seems to have inserted this hypothetical impossibility, this "practical nonentity" (to use his own felicitous language), the non-homœopathic homœopath, for the purpose of showing how vulgarly abusive he could be if only his adversaries would give him an opportunity. Dr. Williams tells us he used to be very fond of fighting game-cocks; we think the above must be a specimen of what the "fancy" call "foul-spurring."

We have devoted much more space to Dr. Williams' spiteful remarks on homœopathy than they deserve, but we have been thus thorough in our examination of them, because we desired to show the kind of stuff the foremost partisans of the dominant school think right to offer to the public as arguments against the greatest reform in therapeutics that

has been effected since the days of Hippocrates, and which counts among its adherents thousands of highly educated and legally qualified physicians. Dr. Williams long occupied a conspicuous position in this country as a teacher and practitioner of medicine, and we might have expected that he would have taken the pains to make himself acquainted with the tenets and practice of a system he undertook to write about. But we think we have shown conclusively that he is ignorant of the very principles of homœopathy. We might have expected that he would have been able to express himself in intelligible English, but we have shown that he writes only unintelligible nonsense. We might have expected that he would at least have given us correct accounts of well-known facts, but we have shown that he makes allegations which are in direct opposition to the truth and to the statements of the very authorities he quotes. Surely Dr. Williams might have found some worthier employment for the leisure of his retirement than the publication of such a melancholy display of ignorance, spite, and disingenuous abuse of a system of medicine which is cultivated and practised with much self-denial and assiduity by learned and upright physicians in all parts of the world.

Dr. Williams teaches us in this autobiography one thing of great interest to the whole medical profession, and that is, that a man may become a professor in a great medical school, a Fellow of the Royal Society, an author of numerous works, a physician in large practice, and even a Physician Extraordinary to the Queen, without knowing anything about the subjects on which he writes, without the high principle that would keep him rigidly in the path of veracity, without any skill in argument, and without the power of expressing his poverty-stricken ideas in intelligible English.

"Le style, c'est l'homme," it is said, but we should be sorry to think Dr. Williams was not much better than his style, which, whatever he may think, is not exactly that of Addison; nor yet is it that of Johnson, though we think he might have occasionally consulted the Dictionary of that worthy with advantage. If we may judge from the frequent and ludicrous "derangements of epitaphs" con-

spicuous in his book we should say that Dr. Williams's literary model is none other than Mrs. Malaprop.

Possibly Dr. Williams imagines that his attack on homœopathy will cause annoyance and consternation in the ranks of its partisans, but if he thinks so he is very much mistaken. We are only amused at the incongruity of a man with a European reputation for learning and wisdom gravely printing such sorry stuff as that we have quoted, and imagining it to be a convincing argument against a medical system that has never ceased to make increasing numbers of zealous converts among his professional brethren in all countries since its first promulgation three quarters of a century ago.

It has been our destiny to read numerous attacks on homœopathy. We are tolerably familiar with the polemic writings of Wood, Simpson, Routh, Bushnell, Forbes, Brodie, Meadows, Gairdner, Bristow, in this country, and with those of Hecker, Andral, Jürgensen and Rigler on the Continent. Some of these are careful and conscientious inquiries into the doctrines and practice of homœopathy, some are mere displays of ignorance, prejudice, and misrepresentation. Our readers can judge for themselves to which category this marvellous lucubration of Dr. Williams belongs.

REVIEWS.

A Treatise on Bright's Disease of the Kidneys, its Pathology, Diagnosis, and Treatment. By HENRY B. MILLARD, M.D., &c., London; Sampson Low & Co., 1884.

Though this treatise has the name of an English publisher on the title page, the beauty of its "get up" as regards printing, paper and woodcuts betrays its American origin. The author is a New York physician, and a Vice-president of the New York Medico-Chirurgical Society.

The first part of the work is devoted to the anatomy of the kidney, and an account of the pathological changes observed in the various forms of acute and chronic nephritis. While availing himself largely of the discoveries made by the chief authorities on these diseases, the author shows that he is no mere compiler, for he has enriched his work by many original observations and drawings of the microscopical appearances of the structural alterations produced by the various forms of disease included under the general appellation of "Bright's disease." This portion of his work is extremely interesting and instructive, but the second part, which is devoted to the treatment, is of more immediate interest to us. Here the author shows a truly catholic spirit, and, unlike the other authors of his school, he displays a thorough acquaintance with the labours of the homœopathic school. It is a refreshing and a hopeful sign, to find him quoting from the works of homœopathic writers, and according to them an equal authority with the partisans of old physic. Side by side with Garrod, Dickinson, Hughes Bennet, Lee, Beale, Bartels and other well-known

allopathic authors, we find him referring with approbation to Allen, Holcombe, S. A. Jones, and Joseph Kidd. He has no scruples about pointing out the homœopathic character of many of the drugs he employs, and the doses of these remedies he recommends are as small as they are given by many in our school.

"It is," he says, "a matter of no slight interest to consider that while corrosive sublimate will often correct pathological conditions characterised by the secretion of albumen, bloody urine, or suppression of urine, the same remedy taken in health, in toxic doses, often produces these very conditions (p. 189)." The dose of corrosive sublimate he gives is eight or ten grains of a preparation of 1 part of the crude drug to 10,000 of sugar of milk, equal to our 2nd centesimal trituration.

Cantharides he gives in "very minute doses, about the same strength as of the *Bichloride of mercury*."

"Here again," he says, "I will not present any attempt at explanation of the *modus operandi*, simply stating that the toxic effects of *Cantharis* are similar to the phenomena met with in croupous nephritis, as albuminous urine, anuria, blood casts, &c.," and he quotes Cornil to the effect "that it would be impossible to distinguish a preparation of a kidney of a dog suffering from subacute poisoning by cantharidine, from a preparation of the kidney of a child who had died from diphtheria with albuminuria" (p. 190).

"*Nitric acid*," he writes, "has always been regarded by homœopathic physicians as a valuable remedy in affections of the urinary system," and he cites Dr. Kidd as an authority for its use in granular degeneration of the kidneys (p. 191).

"*Arsenic* is a remedy from which benefit is sometimes derived in nephritis. That it should produce some effect in nephritis is evident from its action upon the kidneys, when taken in poisonous doses. It then may produce scanty, bloody and albuminous urine, and suppression of urine." "Homœopathic practitioners report many cases of its beneficial effects; one noticeably in the *Allg. hom. Zeitung*, No. 68, p. 158, in which nephritis consequent on scarlatina,

with ascites, hydrothorax, œdema pulmonum, scanty, bloody and albuminous urine was cured by it" (p. 193).

He quotes Prof. S. A. Jones for the utility of *helonias dioica* as a nephritic remedy (p. 193), and Dr. W. H. Holcombe for the efficacy of *euonymus atropurpureus* in nephritis.

"*Apis mellifica* is considered by many homœopathic and by other physicians a remedy of great value in acute and chronic nephritis," but he has not seen much benefit from its use (p. 194).

Many other passages in this treatise convince us that the author, in his treatment of the various forms of Bright's disease, trusts more to those remedies whose homœopathicity to the disease he is quite aware of than to the remedies employed in the old school. This is particularly noticeable in the cases he gives, which were almost all treated by distinctly homœopathic remedies in fractional doses. Thus he gives *Calomel* in $\frac{1}{10}$th or $\frac{1}{100}$th of a grain, *Corrosive sublimate* in $\frac{1}{10000}$th, or as he sometimes says, the 2nd trituration, *Arsenic* in $\frac{1}{25}$th of a grain, and so on. Is he perchance a homœopath in allopath's clothing, an undeclared follower of Hahnemann, or a rare specimen of a really liberal scientific physician?

We have much pleasure in introducing this book to the notice of our readers, and can assure them that they will derive both pleasure and profit from its perusal.

Vaccinosis and its Cure by Thuja; with Remarks on Homœoprophylaxis. By J. Compton Burnett, M.D. London: Homœopathic Publishing Company, 1884.

A book by Dr. Burnett is sure to be interesting and suggestive, and likely to be original; and even when he adopts the ideas of others Dr. Burnett has the faculty of developing them in such a racy and piquant manner that he practically makes them his own.

Dr. Burnett accepts the idea promulgated in Jenner's

time by his opponents, and carried to such an extreme length by Dr. Wolf in his *Grundvergiftung der Menschheit*,* that vaccination, whether successful or not, is apt to be followed by "a profound and often long-lasting morbid constitutional state" (p. 4), and he believes, with Wolf, that *Thuja occidentalis* is the remedy for this state, which he calls "vaccinosis," a rendering of the German of Goullon, "Vaccinose." Wolf, as we know, followed Bönninghausen in denouncing vaccination, and Bönninghausen asserted that *Thuja* was not only the remedy for variola, but its prophylactic.†

As Wolf's teaching is a modification or development of Bönninghausen's, so Dr. Burnett's is a variation on Wolf's. Though Dr. Burnett does not assert that vaccination is the cause of nearly as many or such horrible diseases as Wolf, he credits it with the production of a considerable number of sufficiently severe maladies, such as skin diseases of various kinds, cephalalgia, neuralgia, particularly of the eye and orbit, enlarged glands, hairless patches on the place where the beard ought to grow, general ill-health, diseased finger-nails, ptosis, paresis, spinal irritation, writer's cramp, arrest of development, loss of virile power, &c.

We cannot say that the connection of these diseases with vaccination appears to us well made out in the cases given by Dr. Burnett, for his method of ascertaining this connection is not free from objections. If the patient has been vaccinated several times, whether the vaccination took or not, this seems to satisfy Dr. Burnett of the causal nexus connecting his symptoms with the antecedent vaccination, even though the vaccination was performed nearly thirty years before the occurrence of the symptoms supposed to be due to it, as in *Obs.* xii (p. 64). In these days of smallpox scares almost every one has been vaccinated and revaccinated a good many times, and it is quite exceptional to meet with any one who has never been vaccinated at all, and we gather from Dr. Burnett's book that one successful vaccination performed in infancy would

* Reviewed in vol. xviii, p. 459, 1860.

† See vol. xiii, p. 172, 1854.

suffice to convey the dreaded vaccinosis (see *Obs.* xviii, xix), and it may even occur though the vaccination may never have taken at all (see *Obs.* xv). As vaccination is so wide spread, we may say universal—for even the staunchest anti-vaccinationists have mostly been vaccinated in their infancy—the wonder is that we are not all labouring under vaccinosis, as perhaps we are, without knowing it. Wolf at least supposed we are. At all events we think Dr. Burnett might in the same way have proved the origin of fifty other diseases besides those he enumerates from vaccination. But as taking sugar in one's tea or salt with one's mutton is just about as general as being vaccinated, we might with equal plausibility ascribe diseases to the habit of eating sugar or salt as to vaccination. But then Dr. Burnett seems to think his opinion as to the vaccinial origin of the diseases he describes is corroborated by the circumstance that they were all cured or nearly so by *Thuja*. Certainly if Wolf's idea that *Thuja* is the remedy for all the disastrous effects of vaccinia—the God-sent antidote to vaccinosis—be correct, then the cure of Dr. Burnett's diseases by *Thuja* would strengthen his view that they were of vaccinial origin. Only that implies that Wolf is to be trusted as an observer, which we fear would be too great a draft on our confidence. Nor should we think that Dr. Burnett would care to adduce the testimony of Wolf in favour of his views, for, in the same place where Wolf says that *Thuja* is the sure antidote of the dire effects of vaccination, he says that only one single dose of it in the 30th dilution must be given, and not on any account repeated, as that would be most disastrous to the patient, rendering, in fact, his disease incurable. But Dr. Burnett does not always stick to the 30th dilution, and even of that he gives repeated doses.

With all our wish to be convinced by Dr. Burnett's book, we confess that we cannot see that he has proved his point, that there is a morbid state presenting a great variety in its manifestations caused by vaccination, which he denominates "vaccinosis," and of which he gives numerous cases in this book. Nevertheless the book is interesting

as containing a number of severe cases of chronic diseases, which were cured with remarkable rapidity by *Thuja*. It might have been rendered still more instructive had Dr. Burnett taken the trouble to describe the diseases he treated in greater detail. *Neuralgia* of the eye or orbit (*Obs.* vi, xii, xix) and *headache* (*Obs.* xx) do not convey any clear idea of what the cases were like. On the other hand, some of the cases are very graphically described (such as *Obs.* vii, xi, xiii). The cures in some of them seem to have been effected with marvellous rapidity. Thus a case of writer's cramp, the duration of which is not stated, but which seemed to be getting gradually worse, so that the patient, a female clerk, had to give up her office work, was cured between the 30th July and 16th August; a case of spinal irritation was completely cured in a few months; headaches in a lady of fifty, to which she had been subject "ever since she could remember" were cured in a fortnight. We cannot tell if all the cases cured by Dr. Burnett with *Thuja* can be shown to have their medicinal likeness in the pathogenesis of that drug, for the meagre description of many of his cases prevents any comparison being made, but we must take it for granted that if Dr. Burnett had given us an opportunity of making the comparison it would have proved satisfactory, especially as in one of his cases (*Obs.* xii) where the only description he gives of the disease is "neuralgia of the eye," he adds that the case "is interesting as proof of the rapidity with which the *most like* remedy can cure a neuralgia." If we take up Allen we shall find that the pathogenesy of *Thuja* is one of the longest in the Materia Medica. It has, indeed, been very completely proved by Hahnemann and by the Vienna Society, but Allen has, injudiciously as we think, admitted Wolf's so-called proving numbering 1050 symptoms, which Wolf tells us were got by giving one single globule of the 1000th dilution to himself and 100 other persons, and watching the effects of this one dose for two years. Everything that occurred to this century of provers during those two years (why the effects of the globule were observed exactly two years, and no longer, we cannot tell) are recorded by Wolf

as pathogenetic effects of *Thuja*, and alas! copied faithfully by Allen; so that in his classic *Encyclopædia* we have abortion, small-pox, gonorrhœa, and a host of other serious diseases put down to the credit, or discredit, of *Thuja*. Among all these symptoms from trustworthy and untrustworthy sources it would be difficult to find almost any disease that was not more or less represented. So that, vaccinosis or no vaccinosis, we find that, in almost all Dr. Burnett's cases, *Thuja* might have been selected strictly in accordance with the homœopathic rule, and consequently independently of its fancied antidotal power to vaccinosis. One case alone (*Obs.* xiii) offers no analogy to the recorded symptoms of *Thuja*, and here the double hypothesis of vaccinosis and *Thuja's* antidotal power was probably required to determine the selection. With Dr. Burnett's views as to the disease-producing power of vaccination, we are surprised to find that he is "in the habit of vaccinating his patients, *au besoin*," and still more as he considers that vaccination only protects as long as it maintains the vaccinate in a morbid state, and that "protection must necessarily cease as soon as the vaccinated person has slowly returned to his pristine state of pure health" (p. 1). If that is so, then by curing our patient of vaccinosis by means of *Thuja*, shall we not render him susceptible to small-pox? But the sole object of vaccination is to render the "vaccinate" proof against small-pox; so that if we would avoid restoring his susceptibility to small-pox we should take care not to give him a course of *Thuja*, or as Wolf says, not a single globule of the 30th dilution of that drug, for that is the sure way to re-establish "his pristine state of pure health," and expose him to the risk of infection by small-pox. In short a physician holding Dr. Burnett's views must feel himself in a dilemma on the subject of vaccination. If he vaccinates he exposes his patient to the risk of vaccinosis, which comprehends many serious and painful diseases as Dr. Burnett shows, and though we have a ready remedy for this vaccinosis in *Thuja*, we dare not give it, for by eradicating the vaccinosis we again make him liable to catch smallpox. On the whole, we prefer the old view about

vaccination as being more in accordance with observed facts, and decidedly more comfortable for the doctor.

There are several statements in Dr. Burnett's book, which we think are not in accordance with general experience. Thus he says that ordinary vaccination has this effect that "fewer will get it (smallpox) but more will die, the mortality will be greater" among those who take smallpox after vaccination. Now if any fact is well established with regard to vaccination it is this, that those who take smallpox after vaccination usually have the disease in a milder, and consequently less—indeed much less—fatal form.

Another statement is that "if the vaccinosis be too great, *i.e.* too powerfully diseasing, it not only cannot protect, but must add fuel to the flames" (p. 106). This would seem to imply that the severer the disease—cow-pox—caused by vaccination, the less will the patient be protected from smallpox, which again is in direct variance with the statements of all pro-vaccinists. If Dr. Burnett has any observations bearing out this view, it would be well that he should give them.

Again he says (p. 106) that in spite of vaccination "the mortality from smallpox remains in the aggregate the same"; "the absolute number of deaths (from smallpox ?) is not affected, or is greater." But it is conceded on all hands that the mortality from smallpox has greatly diminished since the introduction of vaccination by Jenner. Dr. Burnett would seem to deny this. We should like to know on what grounds ?

As regards the prophylaxis of smallpox, Dr. Burnett does not propose to give *Thuja* as Bœnninghausen did, but an attenuated preparation of vaccine matter (which Wolf denounces as injurious). Attenuations both of variolous and vaccine matter have been before now suggested and given as prophylactics of smallpox by various medical men, but the majority still trust more to vaccination and revaccination. That Dr. Burnett and those with whom he associated, did not take smallpox while he was attending cases of smallpox, when he and they took attenuated vaccine virus, does not

prove much, for most of us have equally escaped infection under similar circumstances, without taking any special precautions beyond the vaccination or revaccination of, it may be, many years previously.

While giving Dr. Burnett full credit for his successful treatment of a number of severe maladies by means of *Thuja*, we do not think he has been sufficiently cautious in the statement of his views about vaccination and its consequences. Though in much of what he says he seems to put his ideas as to vaccinosis more as suggestions than as positive statements, still the whole object of the book, as indicated by its title, is to convey the idea that vaccination is a dangerous and risky operation, and several statements in his book seem to deny it any protective power in fact, though asserting its protective power in words. His book may do some good by directing our attention to the remote consequences of vaccination, and especially to the remedial value of *Thuja*, but it may also do some harm by increasing the present prejudice against vaccination as a prophylactic of smallpox, for in spite of Dr. Burnett's profession of a belief in the protective power of vaccination, he represents its risks as so great, and its prophylactic power so small, that its absolute utility is not very apparent. It may be that vaccination is as risky as Dr. Burnett alleges, or as dangerous as Bönninghausen and Wolf assert, but we should require much stronger evidence to convince us than has been offered by any of these authors.

Traité Elémentaire de Matière Médicale Expérimentale et de Thérapeutique Positive. Par le Dr. P. Jousset, avec la collaboration des docteurs Bon, Claude, Gabalda, Guérin-Méneville, M. Jousset, Piedvache, et J. P. Tessier. En deux tomes. Paris: Baillière.

In an article on "The Reconstitution of the Materia Medica," published in this Journal in 1879, we mentioned

that Dr. Jousset was engaged on a work of this kind, and we took account of the specimen then furnished in the shape of an article on "Digitalis" in *L'Art Médical* for that year. The completed undertaking is now before us, in two large volumes, and it is our duty to estimate its value.

In his preface Dr. Jousset describes the aim and manner of his own contributions to the work. It is a necessity that the numerous observations embodied in the writings of Hahnemann should be brought down to the present time by being enriched from later toxicology and pharmacological experiment. In two ways this has been already attempted—by a completed but condensed symptomatology, of which Jahr's *Manual* is the type, and by a "sort of systematisation which exhibits the character, the figure of the medicine, the *Pharmacodynamics* of Richard Hughes being the most perfect of these essays." Neither is satisfactory: the one lacks form and intelligibility, the other is wanting in details. Dr. Jousset's endeavour has been to unite the analytic method of the former with the synthetic of the latter. In the case of poisons he describes their toxic action in the usual manner; but for milder drugs, and for symptoms obtained by small doses of poisonous ones, he adopts another course. He begins by accepting in their totality all the pathogeneses furnished by Hahnemann. He is aware of the criticism to which they have been subjected, but thinks that clinical experience has demonstrated their substantial truth. "What proceeding then ought we to employ in order to utilise the therapeutic wealth buried and, as it were, drowned in the pathogeneses of the earlier homœopathists? Obviously that which we employ every day, when, in a difficult case, we consult these pathogeneses. What do we do then? We take Hahnemann: we read attentively the symptoms which bear upon the point we wish to elucidate: we study their shades, we eliminate their trivialities and repetitions; we translate into medical and precise language that which is given laically and diffusely; and, most frequently, the result is a symptomatology terse and definite, where a

superficial reading would show nothing but a heap of items, often strange, and sometimes ridiculous." Such a task he has essayed *à priori* for medicines in general.

No one, we imagine, can doubt that a series of drug-studies carried out on this plan, and by a physician alike so scientific and so experienced as Dr. Jousset, must be instructive and valuable. We should differ from him as to the trustworthiness of much of Hahnemann's material; but, as we must have and use it, we cannot possess it in better form than in his recension. Of the articles in the present volumes which we have examined we can say, as of the original Digitalis specimen, that he has made a most happy selection from the recorded observations of the action of the several medicines, so that no effects of theirs which are of physiological or therapeutical interest are omitted from his enumeration. That, further, the toxicology is satisfactorily presented we need not say.

But here our satisfaction ends. Dr. Jousset's volumes are avowedly put forth as a complete Materia Medica, one which should supersede for the student and practitioner of homœopathy all existing works of the kind, and which should represent our method to critical inquirers of the old school. We regret to say that his part of the work, at any rate, does not fulfil the requirements herein implied. To bring down Hahnemann's pathogeneses to the present time requires a knowledge of all provings instituted with his medicines since his day; but Dr. Jousset is evidently unacquainted with them, save as they have happened to be translated in some of the French journals, or their symptoms incorporated in the last French edition of Jahr. The latter source of knowledge, even when available, is very unsatisfactory; as it forfeits the advantage of having the symptoms related in their connection and sequence, which most later provings afford. Again, such a continuation should be familar with the researches which have been conducted with regard to the symptoms cited by Hahnemann from authors; but there is no evidence that these have ever come to Dr. Jousset's knowledge. Apocryphal and genuine are alike used as his material, just as no

distinction is made by him between the pathogeneses of the *Reine Arzneimittellehre* and those of the *Chronische Krankheiten.*

This will not do for students; but still less can such a mode of working be expected to prove acceptable to inquirers from the old school. The total absence of bibliography and references, the renunciation of criticism, the *ipse dixit* of the whole thing, will, we fear, make a most unfavourable impression upon these. They will say, if this represents the homœopathic mind, it is one with which we can have no sympathy or fellowship: it lacks the scientific spirit.

Dr. Jousset says nothing explanatory of the assistance rendered to him by his collaborateurs; but it may be inferred from his preface that their work has been to deal with the extra-Hahnemannian drugs, and this is confirmed by what we find in the body of the treatise. The quality of their work is very various. That of Dr. Claude is always good; that of Drs. Guérin-Méneville, Piedvache, and M. Jousset is commendable, though it might be improved upon. Of the rest the less said the better. These gentlemen must learn, like their leader, how much wider a range of knowledge than a few French writings and translations can supply, is required ere a satisfactory account can be given of a single drug, so as to fit it for a place in a treatise on Materia Medica.

OUR FOREIGN CONTEMPORARIES.

AMERICA.—*The Clinique.* We continue our notice of this journal, bringing it down to the end of 1882.

April, 1881.—Dr. W. C. Barker refers to seven cases of biliary colic, in which the offending gall-stones came away *en masse* after a dose of *Podophyllin* 1x at night, and four ounces of olive oil in the morning.

July.—The following, by Dr. Ludlam, is well worth extraction:—

The diseases of women that are curable by constitutional remedies.

In the consideration of this subject, the question is not what our remedies should do, but what they have done for the relief of uterine and ovarian diseases of various kinds. And, manifestly, the first thing to settle is to be certain of the existence of one of these diseases in a given case, for, if we are not clear in our diagnosis, there will be a flaw in the fabric of our claim for any kind of treatment whatever. In what follows, I am as confident of the diagnosis of the cases that are cited as I am of the course, duration, and result, for the greatest care has been taken to have these reports as accurate and as trustworthy as possible. Perhaps the most striking and satisfactory results have been obtained in the following diseases:

a. In *sub-involution of the uterus*, of which we have had many cases, the most remarkable results have been derived from the internal use of *Secale cornutum* 2 and 3, *China* 3, and *Ustilago* 3. Nothing could be more convincing than the local demonstration by the uterine sound of the diminution in the depth of the womb from week to week, in consequence of taking these remedies. It has been our habit to make these measurements most carefully, to announce them to the class, who have them noted down for the sake of comparison and study, and also for record in our case-book.

With these remedies, and no local treatment of any description, we have many times succeeded in curing menorrhagia, prolapsus uteri, and uterine leucorrhœa that were dependent upon a defective

involution of the womb after delivery. Our practice is to give them singly in the second or third dilution, the dose to be repeated four times each day.

In some of these cases the sub-involution had existed for many months, and in others for from two to ten years, without any relief from astringents, escharotics, intra-uterine injections, and the wearing of pessaries of various kinds. In other cases the defective involution was complicated with laceration of the cervix; but in a certain proportion of them the internal remedies seemed to act quite as promptly to reduce the size of the womb, and to remove its contingent symptoms as if there had been no laceration. Under these circumstances it is evident, I think, that all cases of sub-involution of the uterus are not due to cervical laceration, and, consequently, when the laceration is not the cause of the non-involution, but a mere accident of delivery, we need not and should not resort to Emmet's operation. In this case the first thing to be done is, if possible, to finish the puerperal involution of the womb which these remedies and others of the same class will often accomplish.

b. In *endo-cervicitis* we have had the best results from *Belladonna, Mercurius iod., Hepar sulph., Calcarea carb., Calendula,* and *Silicea.* The indications under which these remedies were prescribed most effectually were the following: where the cervical mucous membrane was very much reddened and congested, and where a patch of it had extended over the lips of the cervix with a fiery, scarlet hue, *Bell.* was chosen.

Merc. iod. was given in scrofulous subjects in whom the inflammation had dipped down into the follicles along the cervical canal in such a way as to make the case in some sort a counterpart of follicular tonsilitis. In two chronic cases of a similar kind, which were very marked and very unpromising, and in which the discharge was catarrhal and copious, *Hepar sulph.* 3 effected a complete cure without any topical application.

If our experience may be depended upon *Calcarea carb.* is not often indicated in cervical endo-metritis unless the lesion extends beyond the internal os uteri, in which case the menstrual symptoms afford a better guide for its employment than the character of the leucorrhœal flow.

Calendula internally has done us the most excellent service in a few cases where the discharge has been very copious and of a puri-

form character. Although I have used this remedy locally in this class of cases for more than twenty years, I have recently come to regard it as about as efficacious when given internally. We have had one very marked example in our clinic, in which the symptoms of a severe and intractable endo-cervicitis were aggravated by *Hepar sulph.*, but which yielded promptly and permanently to *Calendula* 3.

Silicea was given in cases of this kind that were characterised by a sort of uterine cachexia, with a chronic purulent leucorrhœa, a tendency to pelvic cellulitis, with or without abscess, anæmia, and to the peculiar nervous symptoms so graphically described by Dr. Carroll Dunham in his study of this remedy. We invariably gave it in the 6th dilution.

c. In *corporeal cervicitis* the clinic has afforded a remarkable experience, for there have been more cases of this lesion than of any other upon our table. The almost invariable accompaniment of ovarian irritation and inflammation has been noted and commented upon. This is especially true of those cases which have undergone a protracted local treatment for uterine induration and ulceration before coming under our care. Not a few of them have been accompanied by scanty and irregular menstruation, with marked aggravations of all the symptoms at the month. These particular cases have responded to *Caulophyllin*, *Gelsemium*, and, when the flow was clotted, with labour-like pains, to *Sabina*.

But the chief reliance in the internal treatment of this disease has been upon *Tartar emetic* 3. I have now demonstrated to more than five hundred students, and to half as many physicians, the remarkable power of this remedy to reduce the swollen cervix in simple cases of hyperplasia that are benign in their character. My experience in this regard has been so fully given in the last edition of my work on the *Diseases of Women*, that it need not be repeated in this connection. There is a remarkable confirmation of the influence of *Tartar emetic* upon the generative sphere in Gourbeyre's report, which appeared in the last number of the *Clinique*.*

There are, however, exceptional cases in which an auxiliary local treatment by the use of glycerine, of vaginal irrigation with hot water, and of sitz-baths, the cure may be facilitated and the incidental suffering may be greatly relieved.

d. In *pelvic cellulitis* the results of our treatment were not per-

* The *Clinique* for June 15, 1881, p. 193.

fect, or all that could be desired, in every case. Nevertheless, our clinical experience has shown that a few remedies are remarkably efficacious in this disease. We have had the most unmistakable evidence that *Apis mellifica* 3 will sometimes abort the suppurative process, and the development of the pelvic abscess. In ten of these cases that were carefully and repeatedly examined locally, and in each of which there had been from two to eight abscesses that had already discharged through the rectum, the vagina, or the bladder, the tendency to relapsing abscess was aborted by the internal use of *Apis* in the 3rd decimal trituration.

In sub-acute cellulitis we have had excellent results from *Belladonna* 3 and *Apis* 3 in alternation. When the cases have been complicated, as they often are, with pelvi-peritonitis, *Rhus tox.* 3 and *Bryonia alb.* 3 have given prompt relief, and averted the tendency to suppuration. In chronic cases with something approaching the purulent diathesis *Silicea* 6 and *Mercurius sol.* 6 have been the favourite remedies.

We have found that a considerable share of these cases were of traumatic origin. Either the woman had sustained an intra-pelvic injury during labour, or the pelvic cellular tissue had been bruised by the wearing of pessaries, by coitus, by the presence of impacted fæces in the rectum, or because of her being obliged to be upon her feet for hours at a time. For this traumatic cellulitis there is no treatment to compare with the avoidance of the exciting cause and the internal use of *Arnica.* Or, if the patient is of the hæmorrhoidal, or of the hæmorrhagic diathesis, *Hamamelis* answers equally well.

A recognition of the scrofulous diathesis in the treatment of pelvic cellulitis is sometimes as important as it is to remember that most cases of pelvi-peritonitis are essentially rheumatic. Bearing this fact in mind, the special therapeutics of this disease requires that we fulfil the indication to abort the suppurative process; for, when the habit of suppuration is established within the pelvis, it repeats itself as it does in relapsing mammary abscess. *Mercurius iodatus, Lachesis, Sulphur,* and *Calcarea carb.,* are the most useful remedies under this general indication.

In a few instances, and apart from the puerperal state, we have treated cases of pelvic cellulitis occurring in women who are subject to attacks of erysipelas. I am persuaded that this sort of dyscrasia is not unfrequently the chief obstacle in the way of a cure. Where

this condition is manifest, we have resorted to *Belladonna, Rhus tox., Apis mel., Cantharis,* and *Veratrum vir.* with excellent and permanent effect. Sometimes they have brought out the eruption, but in other cases they have failed to do so.

e. In *pelvic peritonitis* we have many times confirmed the value of Jousset's clinical teaching, and of his mode of treating this intractable disorder.* *Aconite, Colocynth, Bryonia,* and *Terebinth* have been our main reliance. They have been given in the third dilution. Of late we have a growing preference for *Bryonia,* which was very often indicated during the snowy, wet weather of last winter and spring, and where there was reason to suspect a rheumatic complication. In two of my private cases with serous effusion in the posterior *cul-de-sac,* the fluid was absorbed as a result of *Scilla mar.* 3, just as I have seen it in cases of pleuritic effusion.

An indispensable auxiliary to the cure of this disease is the rest obtained by the parts that are diseased through a menstrual quarantine. Our remedies often fail of effect in this condition, because the patient is permitted to overdo, to travel about, and to be upon her feet without regard to the catamenial period and its vascular contingencies.

Oct.—Dr. W. M. Davisson has again confirmed (in a case of prostatic abscess) the symptom of *Nitric acid* (Hahnemann's)—"the urine is cold when passed." Dr. Skeles relates an interesting case of poisoning by corrosive sublimate—death occurring from suppression of urine. The kidneys were found inflamed and indurated *post mortem.*

Nov.—Dr. Burt furnishes a case of dropsy with albuminuria, apparently due to imbibition of fuchsin (which, as is well known, contains *Arsenic*). It had gone on to almost complete recovery under dialysed iron, given as an antidote to the *Arsenic.*

Dec.—Dr. Yeomans has removed albuminuric dropsy following rheumatic fever in an old man of seventy with *Elaterium* 2x, 1x and ϕ.

Feb., 1882.—The rule of the Obstetrical Department of the Hahnemann Hospital is (Dr. Ludlam says) that as soon as any lying-in patient shows a temperature of 102°, she

* *Lectures on Clinical Medicine,* by Dr. P. Jousset, of Paris, translated by Ludlam. Chicago, 1880, pages 265—299.

shall take *Veratrum viride* 3x every half hour or hour, until it falls to 100° or thereabouts. "In most cases defervescence is readily induced by this means without any critical sweat or diarrhœa."

March.—Dr. Fellows records a case of chorea of four years standing, supervening on a suppressed eczema capitis, soon recovering under *Cuprum aceticum*. In April, Dr. Ludlam testifies to the general efficacy of this remedy when affections own such a causation. In chorea after rheumatism he considers *Gelsemium* "almost a specific."

July.—Dr. Hoyne, who makes venereal diseases his speciality, gives some curious advice here about the treatment of urethral chancre. If the sore can be seen, he says, you must treat it as you would a chancre elsewhere; if not, you must depend upon the patient's symptoms, "and then the treatment does not differ materially from that of gonorrhœa"! Of what use, then, is the diagnosis?

November.—Dr. Ludlam reports from Dr. Claude, of Paris, several cases of menorrhagia, apparently of ovarian origin, recovering well under the second trituration of *Bromide of sodium*, in five-grain doses.

INDIA.—We notice the journals of this country for the same period as those of America, viz. from January, 1882, to June, 1883. Our starting-point is the more appropriate, as it is that of the revival of the *Calcutta Journal of Medicine*, after four years of abeyance, and that of the first appearance of a second organ of our school in the same country and city—the *Indian Homœopathic Review*.

Calcutta Journal of Medicine.—Dr. Sircar, after explaining the temporary suspension of his journal by bad health and pre-occupation, announces its revival with the twofold object of protecting and vindicating homœopathy, and of rescuing it from the exclusivism of some of its advocates. He takes for his motto Hufeland's "No homœopathy, but yet a homœopathic method in rational physic! No homœopathists, but yet rational physicians who make use of the homœopathic method in the right place, and in the right way."

Jan., 1882.—'Nine Years' Clinical Experience of the Prevention and Treatment of Cholera,' by "an L. M. S.,"

is very interesting. Its chief points are the good results obtained with *Camphor* as a prophylactic as well as in the stage of invasion, and the value ascribed to *Aconite* and to *Carbo vegetabilis*. Dr. Sircar reports a cure (the first he has had) of elephantiasis of the leg, occurring in connection with a periodical fever. "*Arsenicum* and *Hydrocotyle* did no good whatever. *Spigelia*, which was selected for the peculiarity in the time of appearance of the fever"—in the early morning—"not only removed the fever, but with it nearly half of the skin affection. *Silicea*, which scarcely did any good in the beginning, completed the cure after *Spigelia*." He also reports a case of hæmaturia checked by *Carbo veg.* 12, after other more reputed drugs had failed. The editor here commences, and has continued throughout the present series, a "Therapeutics of Constipation, Diarrhœa, Dysentery, and Cholera." It consists in a list of all the bowel symptoms found in Allen, without references or discrimination, classed under suitable headings, and accompanied by a clinical commentary. The lack of critical sifting spoils, to our taste, what otherwise would have been meritorious work. Thus, under *Ailanthus* we find the bowel symptoms of the cases of scarlatina which have recovered under its use given as part of its pathogenesy.

Feb.—"An L. M. S." relates several cases of renal dropsy recovering under *Oil of turpentine*, in doses of $\frac{1}{3}$rd of a drop.*

March.—A case of pelvic abscess is reported, remaining long unchanged under ordinary treatment—medical and surgical—but rapidly drying up under *Silicea* 6 internally, and *Calendula* locally.

June.—The "L. M. S." here gives two cases of dysmennorrhœa radically cured, as well as relieved by *Cocculus* 6.

July.—A case of œsophagismus cured by *Cuprum* is recorded.

August.—The editor communicates a case of ulcerating epithelioma of the heel cured by *Hydrastis* internally alone, after *Hamamelis* to stop bleeding from it.

* There are two more in the April No.

Sept.—A case of acute general herpes is here given, it rapidly disappeared under *Rhus* after *Belladonna.*

Nov.—Cases of chorea cured by *Cina* 30, and of intestinal hæmorrhage by *Carbo veg.* 12, enrich the present number.

Dec.—A letter from Dr. Salzer on the treatment of cholera appears here. Its main points are the confirmation of the value of *Camphor*, and the advocacy of *Ricinus communis*—the castor-oil plant. A cure of chronic constipation in a child with *Silicea* 30 is reported—the guiding symptom being the slipping back of the stool after emerging.

Jan., 1883.—We are glad to see that a Homœopathic Dispensary has been founded in Bombay.

March.—An anonymous writer on cholera infantum confirms the growing sentiment that *Aconite* is the prime remedy for this malady.

April.—A case of fracture of the right iliac bone is recorded, in which, under *Symphytum* 1 and 3, union occurred in less than three weeks.

May.—An amaurosis of the left eye occurring in a blacksmith was cured by *Carb. veg.* 30, this drug being supposed antidotal to the effects of too great heat.

Indian Homœopathic Review.—This new journal, in an introductory "Apologia pro vitâ suâ," entirely repudiates the motto which Dr. Sircar's journal places on its cover. "He is the best physician who rescues men from diseases." "Its aim is to represent and advance Homœopathy, as a distinctive and all-embracing method. Its editor is Dr. B. L. Bhaduri.

Jan., 1882.—An editorial article—"Homœopathy, What it is," makes two original statements, one that Cullen had twice seen *Cinchona* produce fever, the other that Bacon advised medical men to study the physiological action of drugs on their own persons. Chapter and verse for these statements would be desirable.

Feb.—Four cases of typhlitis are recorded, in which *Merc. sol.* 6 seems to have been curative.

April.—The editor, who confesses that his tendency to the high dilutions every day grows stronger, gives nevertheless an apparently hopeless case of remittent fever in an

old man, in which *Arsenicum* 12 and 30 were useless, but which recovered under ½ drop doses of Fowler's solution.

Sept.—Here, too, the editor admits that *Phosphorus* 2x (by which he probably means what we should call 3x) makes a much more rapid impression on pneumonia than any higher dilution.

Oct.—Dr. Bhaduri here reports an apparent cure of diabetes with *Thuja* 12, given on account of a concomitant gleet.

Nov.—Dr. Majumder relates a case of caries of the vertebra cured by Kafka's *Phosphorus* and *Natr. mur.*

Dec.—Three cases of purulent conjunctivitis or its effects are given in which *Argent. nit.* 6 was very effective. Dr. Bhaduri has generally had excellent results from *Uranium* in diabetes.

Feb.—The editor confirms Dr. Salzer's recommendation of *Ricinus* in cholera, saying that he has seen two cases of poisoning brought on by eating the pulp of the seeds, and that in both there were rice-water stools, cramps, and suppression of urine. Dr. Salzer commences in this number a Repertory of Paroxysmal and Periodic Drug Disorders. It is a pity it was not separately paged as an appendix. He acknowledges obligations to a British colleague, Mr. Deane Butcher, of Windsor.

March.—Dr. P. C. Majumdar, who, it may be remembered, was one of the essayists at the International Convention of 1881—commences the record of the practical application of Dr. Salzer's suggested *Ricinus* in cholera. He gives four excellent cases in which it was administered (6th dil.) with the best effect.

April.—The editor tells us that *Ceanothus* has proved useless in enlarged spleen, as met with in India. Eight more cases of cholera treated with *Ricinus* are given, in all of which it proved effective.

May.—In this year (1883) Hahnemann's birthday was, for the first time, celebrated in Calcutta. The refreshments were less solid than those with which we are accustomed to keep the day in Europe, consisting of "ice, lemonade, rose-water, cakes, and many other sweet things," but the speeches were good and earnest.

MISCELLANEOUS.

Nothing New.

Dr. Dolan (*Brit. Med. Journ.*, Feb., 1884, p. 260) advocates the use of *Sulphide of calcium* in the treatment of scabies. He applies it in solution by means of a brush. At p. 211 we have given a case treated by Hahnemann in precisely the same way, *liver of sulphur* or *Hepar sulphuris* being the same thing as *Sulphide of calcium.*

A Delusion Exposed.

Virchow, it will be remembered, at the International Medical Congress of 1881, asserted that *Chloral* was of infinitely greater value than all the medicines discovered by Hahnemann's method. What will he say when he reads in the *Lancet* of April, 1884, the condemnation of his superlative remedy and of *Bromide of potassium* as cures for sleeplessness? "The recourse to *Chloral* and *Bromide*," says the allopathic organ, "is precisely the same thing as a recourse to alcohol; the essential elements of the nerve tissue are blighted by the stupefying poison, as by alcohol in habitual drunkenness. The man or woman who is sent to sleep by either of those narcotics is simply *intoxicated*. Persistence in recourse to them has no better excuse than unwillingness to take the trouble to search out the cause of the wakefulness which prevents natural sleep." *Sic transit gloria!*

The Virus of Cholera.

The danger of accepting statements in scientific matters at second-hand has been exemplified this week in relation to the experiments recently made by Dr. Vincent Richards upon cholera virus. It will be remembered that a few weeks ago it was currently reported that this observer had "crowned the edifice" of Koch's discovery by successfully inoculating pigs with the cholera bacillus. We still wait the actual details of Dr. Richards's experiments, but it appears that their true nature has been misapprehended. Dr. V. Richards has not been following in the lines of Koch; but, on the contrary, sees reason to believe that the poison of cholera is of a chemical and not a vital character, and it is from his endeavour to isolate the virus, and communicate it to the lower animals that the original but erroneous report has arisen.—*Lancet*, 3rd May, 1884.

Therapeutic Unanimity.

Dr. Bogomoloff gave *Arsenic* in the form of Fowler's solution, in doses of four drops internally or hypodermically, in four cases of relapsing fever.

Dr. Kurkinsky gave the same remedy in 3 minim doses, hypodermically, in three cases of relapsing fever. As the effects of this identical practice—

Dr. Bogomoloff saw:

1. An enormous fall of the temperature within five or six hours after the administration of the drug, the patients being bathed in perspiration.

2. The arrest of movements of spirochætes (which were invariably present in great numbers) and a rapid disappearance of the micro-organisms from the blood.

3. A shortening of the relapses.

(*Vratch*, 1883, Nos. 43, 44.)

Dr. Kurkinsky saw:

1. The temperature never decreased after the injections; on the contrary, it sometimes rose still higher.

2. Spirochætes remained as numerous and as actively moving as before the injections.

3. The duration of the relapses was not diminished, nor were they prevented.

(*Vratch*, 1884, No. 10.)

Manganese and pulsatilla in Dysmenorrhœa.

There is no doubt that these two remedies in the hands of homœopathically practising physicians have often been very successful in the treatment of scanty and painful menstruation, and their indications are to be met with in every homœopathic manual. But curiously enough Dr. Vargunin (*Vratch*, 1884, No. 3) tells us that he was led by Ringer and Murrell's observations to give them in dysmenorrhœa. We may believe as much of this as we can out of courtesy to our Russian colleague, but oddly enough the English physicians he names say nothing whatever about *Pulsatilla*, so with all deference to Dr. Vargunin we must conclude that he got the idea of *Pulsatilla* from some other source, and we don't think we should be guessing very wide of the mark if we say that he must have got the idea of one, if not of both medicines—which he gives in combination—from a homœopathic source.

Pulsatilla in Acute Epididymitis.

Numerous disappointments in the treatment of this affection led Dr. Borcheim to employ experimentally the *Tincture of pulsatilla*, and he found it completely successful, and moreover that it did away with the necessity for remaining in bed, which was required in all other treatments. He treated twenty-four cases. The relief from pain takes place usually within three days. The preparation used was obtained from the homœopathic chemists of New York, Bœricke and Tafel. The dose was two drops every two hours (*Journ. of Cut. and Vener. Dis.*, April, 1884). It is a pity Dr. Borcheim does not state what led him to the employment of this drug which is still unknown to the Allopathic Materia Medica, and which he even had to procure at the shop of a homœopathic chemist. It would not surprise us if he learned its utility in epididymitis in a homœopathic manual, but it would surprise us very much if he had the candour to confess it.

Phosphorus in Rickets.

Kassowitz treated 560 cases with doses of from $\frac{1}{120}$th to $\frac{1}{100}$th of a grain of *Phosphorus* in almond or cod-liver oil emulsion. The effect of the drug was estimated by its action on the bones of the skull. Cranio-tabes involving both occipital and parietal bones disappeared in from four to six weeks, and at the same time the fontanelles and sutures were reduced to normal proportions. Laryngeal spasm was frequently present and disappeared *pari passu* with the symptoms proper. The drug also exercised a favourable though less rapid effect upon the rachitic thorax and spine; and children four to six years old, who had never been able to stand or sit upright, were running about after taking *Phosphorus* for one or two months.—(*Archiv für Kinderkrankheiten*, Bd. v, Heft. 3.)

Chrysophanic Acid in Cutaneous Diseases.

Stocquart treated sixty-one cases by the internal administration of *Chrysophanic acid* in doses of 1 to 3 centigrammes. Of these fifty-six were entirely cured. The cases of acne, ecthyma, and impetigo all yielded rapidly to the treatment, except one case of papulous acne. One case of pityriasis and three of urticaria were also quickly cured. In four cases of lichen and four of prurigo the irritation was rapidly diminished, disappearing before the complete cessation of the eruption in lichen. Of thirty-two cases of eczema, thirty were cured. Of five cases of psoriasis, three were cured. Larger doses often caused anorexia, nausea, palpitation with præcordial distress and constriction of epigastrium, giddiness, vomiting, and cold shivers.—(*Annal. de Dermat. et de Syph.*, Jan., 1884.)

Cyanide of Mercury in Diphtheria.

Schultz recommends (*Deutsche med. Woch.*, Jan. 3rd, 1884) this remedy in doses of one to four drachms, according to age, of a solution of *Cyanide of mercury* one-seventh of a grain to four

ounces of water, rather weaker than our 4th decimal dilution, to be taken every hour. It is a curious circumstance that remedies which have been found very useful in special diseases often find their way into orthodox practice, and are administered in nearly our own doses by our colleagues, who are all unused to deal in such minute quantities.

Blatta Orientalis in Dropsy.

Dr. Bogomoloff observed as the effects of the administration of cockroaches in infusion, decoction, tincture, and powder: 1. The daily quantity of urine is increased. 2. The amount of albumen in the urine is decreased. 3. Œdema of the limbs and face, as well as ascites, rapidly disappears. 4. The body's weight markedly falls. 5. Perspiration is mostly increased. 6. Unlike cantharides, cockroaches do not disturb the digestion, nor do they irritate the kidneys.—(*Arkhiv Kliniky Vnutrennykh Bolezney*, 1879-81.)

Rhus Aromatica in Enuresis.

G. F—, æt. 15, has wet his bed nearly or quite every night since his birth. "Been treated by everybody with everything." Prescribed fifteen drops of Park, Dunn, and Co.'s fluid extract of *R. arom.* in syrup to be taken after each meal, and two doses one hour apart before bedtime. At the end of a week the trouble entirely ceased, and there has been no recurrence.—(Patmore, *Therapeutic Gazette*, Feb., 1884.)

Poisoning by Bisulphide of Carbon.

The subjects worked in the "curing-house" in one of the rubber-works of Edinburgh. They had to dissolve chloride of sulphur in

bisulphate of carbon, and to superintend the working of the machine for vulcanising the cloth. They were thus continually exposed to a more or less concentrated atmosphere of the bisulphide.

CASE 1.—J. M—, healthy, of healthy family, æt. 49. Had been employed six years in the same factory as a spreader of the rubber dissolved in naphtha on a cloth. Did not suffer the least from this exposure to naphtha vapour. In September, 1880, was transferred to "curing-house." For two years only suffered occasionally from vomiting of food, whereby the nausea caused by the vapour was immediately relieved. About October, 1882, the vapour in the works became more concentrated. He then began to suffer from loss of appetite for supper, was frequently sick, the nausea being relieved by vomiting. Unable to retain urine above an hour, micturition often accompanied by scalding, and followed by a discharge that stained linen. Was easily fatigued by slightest exertion, felt as if he had walked miles. Had severe pain in loins that made him lie down when he got home. Became listless, would not talk or be talked to. Was at times nervous and easily agitated, at others half stupid, losing memory, and thinking was about to lose reason. Slept ill, horrible dreams of falling over precipices, being hanged, committing murders, &c., would frighten wife by shouting aloud, starting up in terror, and throwing arms wildly about. Soon lost all sexual desire and power. In December broke down, was confined to bed six weeks, with great weakness in limbs, feeling as if left leg were paralysed, numbness and coldness of feet and legs, cramps in both calves, dilated veins of right leg. Appetite good during these six weeks. When returned to work the feeling of weakness and numbness of limbs still persisting somewhat. Got gradually worse, but continued at work till middle of April, when he observed that the vision was not so clear as usual. About the end of April, being more exposed to bisulphide of carbon vapour than usual, became very sick, had cold trembling all over. To relieve the nausea went into open air, and after vomiting found he had lost the power of distinguishing objects, and everything appeared bluish-green, as if seen through a green veil. Could not see telegraph posts on opposite side of road nor the clock in a steeple, nor cows thirty yards off, though there was plenty of light; could only distinguish large objects quite close. No night blind-

ness. Could not distinguish type of a newspaper from the white margin; both were alike greenish. Continued at work for a fortnight, when could only read the largest of Snellen's types very close to eye. Glasses did not improve vision. A day after atropine was introduced everything appeared red instead of green. Felt a cold band constantly round his head from forehead to occipital protuberance. Went to the country for eight weeks, when he gradually improved; the weakness of limbs passed off. In seven weeks the green vision had gone, began to see distant objects, and after three or four months could see to read with glasses (2·5 D.) perfectly. There is 1 D. of hypermetropia, fundus oculi quite healthy. No colour-blindness. Other symptoms gradually left him, and he is now quite well.

Case 2.—G. P—, æt. 49, married, temperate, previously healthy, has been a year in same factory, latterly in curing-house for ten hours daily. For two months the only symptoms were that eyes would water profusely, he would feel dizzy, especially late in the day or when walking home. This became gradually worse, and felt very ill. No appetite, constant feeling of nausea, and after a short time vomited the greater part of his meals. Always tired, listless, did not care to speak or be spoken to, went to bed on coming home. Became unable to retain urine for any length of time, and during last two weeks it was passed with pain and difficulty. Became pale and emaciated. Hands, forearms, feet, and legs felt cold and benumbed or tingling. Frequent severe cramps in legs. Soon became so feeble had to be helped up and down stairs. On coming home in evening often felt excited as from alcohol, but always knew what he was doing. Generally, however, dizzy and stupid. Intense headache from root of nose, round head, to occipital protuberance. Sleep unrefreshing, broken by dreadful dreams of falling down precipices, &c., from which he woke with a start, and found himself bathed in perspiration. Memory greatly impaired, often at a loss for words. Three weeks after commencing symptoms were dismissed as of no further use. Had to climb upstairs on hands and knees, was so weak. Much emaciated, no subcutaneous fat, and muscles much diminished in size. Pulse 92, increasing to 110 on assuming erect position. Urine sp. gr. 1020, acid, no deposit, albumen, or sugar, no scalding. All sexual desire and power gone after a week or two in the curing-house.

Testicles somewhat atrophied. Great increase of pain in forearm. Great pain and pricking in hands by washing them in cold water. Legs cold to touch from knee downwards. No loss of cutaneous sensitiveness. Skin, patellar, and other tendon reflexes could not be elicited. Cannot rise from a chair without the aid of his arms. Cannot rise to his legs from the floor. When he walks the steps are very short. The sole of the advancing foot is brought flat to the ground, while the knee, after giving way slightly, is extended with a jerk before each step is taken. Hands very weak, especially right. Cannot place his hand behind his head or shave himself. On raising a tumbler of water there is much fibrillary tremor of muscles of forearm, but the vessel is carried up perfectly steadily, but the hand is very unsteady in the descent. Electricity showed diminished reaction of both nerve and muscle. Under *Nux vomica* and faradisation he improved.

Case 3.—M. A—, æt. 39, married, temperate, began work in curing-house in July, 1883, and broke down in November. No bad effects the first month. Then began to have gaseous eructations, vomiting, inability to retain water long, acute frontal headache, dizziness, coldness and numbness of extremities, great lassitude. On leaving work fell, and walked home staggering, as if intoxicated. Sleep restless, disturbed by horrible dreams, like the other two patients. Memory impaired. Feebleness increased, and had severe pain over base of sacrum; also cramp in legs during night. Complete impotence and loss of sexual desire. Subcutaneous fat much diminished, and muscles diminished in size. Galvanic reaction much diminished in amount. Rapid improvement under *Nux vom.* and faradisation.—(A. Bruce, *Edin. Med. Jour.*, May, 1884, p. 1009.)

Poisoning by Carbolic Acid.

E. H.—, a young girl of seventeen, was admitted on the 21st ult., having, it was stated, two or three hours previously taken poison, the nature of which, in spite of several awkward and futile attempts at its pronunciation, it was impossible to learn. Her condition was one of extreme danger. She was completely

anæsthetic, her muscles relaxed, eyelids closed, pupils dilated and inactive, skin cold and clammy with large drops of perspiration like beads running down the cheeks, temperature manifestly lowered, respiration feeble and shallow, the pulse at the wrist imperceptible, and the action of the heart feeble and intermittent. From this extreme state of collapse, by means of subcutaneous ether, galvanism, &c., she gradually recovered. Careful examination of the dress, hands, lips, breath, mouth, and fauces revealing nothing as to the nature of the poison, it was deemed advisable to give her one-eighth of a grain of apomorphia subcutaneously. In fifteen minutes she expelled with a gush about five ounces of a dark-coloured liquid, smelling strongly of carbolic acid. Having now ascertained what the poison was, the stomach-pump was used and some olive oil injected. This she soon vomited, together with a little more of the same dark-coloured fluid. The urine passed was of a dark-brown colour and gave the usual tests for carbolic acid. The fæces were also of a dark colour. With the exception of soreness of the mouth and throat, together with a little pain in the epigastrium, all of which were relieved by appropriate medicines, she recovered without a bad symptom, and on the fifth day after admission was discharged. To complete the history of the case, it may be added that having had a quarrel with her lover she determined to destroy herself, and with that intention took a pennyworth, about one ounce and a half, of the common crude carbolic acid.—*Lancet*, August 18th.

Medin (*Hygiea*, xlv, 2, p. 125, 1883) gives a case:

A girl, 5½ years of age, had been long troubled with thread worms. The mother—a midwife—prepared on 5th December an aqueous solution, containing about two to three grains, or perhaps more, of carb. acid, and injected it into the child's rectum. Immediately the child complained of numb feeling in limbs, the eyes stared, her face became red, she lost consciousness, became pale and cold, all in from one to two minutes after the clyster. Three quarters of an hour later she was found with half-shut eyes, red face with a trace of cyanotic colour, frothing mouth, rattling in trachea, and difficult, stertorous breathing, contracted pupils, not affected by light. The rather livid skin, as also the eyeballs, were completely anæsthetic, the muscles completely relaxed, except the chewing muscles, which showed strong trismus, belly somewhat

distended, pulse 120, regular, and pretty full. A hypodermic injection of ether had no effect, then clysters of lime water which were soon ejected. About midnight there occurred a slight atonic spasm in the right arm, and the trismus, which was hitherto tonic, became clonic occasionally. Temp. 36·7° C. About 2.30 a.m. there was vomiting, and the sensibility began to return. In half an hour again vomiting, and the pupils became dilated. After another hour the child could be wakened, and showed signs of uneasiness, but fell asleep again immediately. The urine drawn off in the morning was rather green, but clear, and contained no albumen. The vomiting was repeated frequently until the next morning, when she woke out of a good sleep. In the forenoon of the 6th December there was an evacuation of thin, blood-streaked stuff from bowels. The urine showed strong carbolic-acid colouration in forenoon, less in evening, none at all next day. On 9th December there was a copious eruption of nettlerash, which was gone on the 10th, but reappeared transiently on the 11th. The worms were effectually removed.—(*Schmidt's Jahrb.*, v. 198, p. 27.)

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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

VALE!

As men have their life history consisting, according to Shakspeare, of seven acts or ages, but according to a less poetical fancy, of four periods, infancy, adolescence, manhood, and senility, so periodicals have or may have their corresponding epochs. But the life of a periodical, unlike that of a man, may with perfect propriety be voluntarily cut short at any of its stages, and consequently there is no need why the periodical should linger on to the lean and slippered age, and still less to the toothless, sightless, tasteless period of senility.

Many periodicals die in infancy, almost stillborn, others struggle painfully up to adolescence, and then disappear. Some attain to manhood but go not beyond that. A few linger on into a tiresome senility and even then seem unwilling to depart.

As the members of the medical profession are the most short lived of all the professions, so the periodicals devoted to medical affairs are, as a rule, not a long-lived race, compared with their literary congeners. This is especially the case with the quarterlies. We have seen the rise and fall of several medical quarterlies in our day, the *Medico-Chirurgical*, the *British and Foreign Medical*, and the combination of the two, the *British and Foreign Medico-*

Chirurgical. The *Dublin Quarterly Medical* only saved its life by becoming a monthly. Special medical quarterlies have usually but a short and fitful existence. The monthly medical periodicals do not, as a rule, enjoy a very long existence, and there are none at present surviving that can claim to be of great antiquity. The most robust medicals are undoubtedly the weeklies, one of them, the *Lancet*, being already sixty years old, so old, indeed, as to have outlived the use of the instrument after which it was named, and which was the most popular weapon in the medical armamentarium at the date of its first appearance, and for hundreds of years previously.

We are the oldest surviving medical quarterly in this country. We reckon as many years as volumes. We have had a strong adolescence, a vigorous manhood, and if we would avoid a tiresome old age, we feel that it is necessary for us to adopt the Japanese hari-kari and give ourselves the happy dispatch.

Our chief reason for extinguishing ourselves is that we are no longer needed, having, as we believe, accomplished the main object which brought us into existence.

When we started on our career, in which we have now attained a double majority, homœopathy was hardly known even by name to the great bulk of the medical profession in this country. The practice of medicine consisted mainly in the employment of violent perturbing agencies, such as venesection, salivation, purgatives, emetics, blistering, cupping, leeches, the actual cautery even, and various medications included under the term "alteratives." No rule for the employment of medicines in disease was known or thought of in the dominant school, and no true science of therapeutics existed. Theories as to the nature of the disease and the action of medicines abounded, but none met with general acceptance, and the more reflective portion of the profession were openly giving up the attempt to discover a scientific relationship betwixt medicines and diseases, and adopting the therapeutic nihilism of "expectant medicine" as it was called, like *lucus a non lucendo*, because there was no medicine in it.

Such was the condition of affairs in medicine when this journal was started in 1843. That year represents an important epoch in the history of medicine. It was the year when Hahnemann, the founder of the new system which was destined to give the *coup de grace* to old physic, passed into the domain of history. Our little bark had not been launched into the stormy sea of medical polemics for much more than half a year when Hahnemann died full of years and honour. But not while he lived was any considerable effect produced by his teachings on traditionally hide-bound medicine. Homœopathy had hardly stirred an emotion in the bosom of the medical profession in this country. The only allusion we remember to have heard to it during the whole course of our medical education in Edinburgh University from 1835 to 1839 was in a lecture by Professor Traill, who informed us that a new system had been promulgated in Germany by a Dr. Hahnemann which he called "homœopathy," but as the word was derived from the Greek ὁμοιον παθος it should be "homoiopathy," not "homœopathy." A very fair account of Hahnemann's system appeared about 1832 in the *Edinburgh Review* by the Professor of Greek in Glasgow University, but notwithstanding this and a few popular works by some of the rare practitioners of the new system in this country, the general feeling towards homœopathy of even the educated portion of the British nation is well illustrated by an anecdote the late Dr. Quin used to relate. Some time after he began practice in London he was invited to dine with a friend. Some professional engagement made him late. He took his seat between two gentlemen who he found were engaged in conversation about himself. "Have you heard," said one, "that a Dr. Quin has come to London to practise that ridiculous German system called homœopathy?" "The man must be a fool," was the reply. "Not so much a fool as a knave, I should think," said the first speaker. Thereupon Dr. Quin revealed himself to the confusion of his two neighbours as the fool or knave they were talking about. For many years after this time homœopathic practitioners were considered by the great

majority of the general public as coming under one or other of these categories, and for many more years the organs of orthodox medicine affected to consider them as knaves or fools or a combination of both.

But soon after our appearance, as converts to the system became numerous and influential both among medical men and patients, the contemptuous indifference with which we had hitherto been regarded gave place to more active hostility. Medical societies and colleges fulminated anathemas against us, refusing their membership and their diplomas to all who were tainted with a suspicion of homœopathic leanings, coroner's inquests were held on the bodies of patients who died under our care, and persecutions of all sorts, professional and social, were carried out against us with vindictive bitterness. Some of us were ignominiously expelled from hospitals and posts they had hitherto held with honour and applause. The most opprobrious epithets were freely lavished on us by the orthodox medical journals. And a series of polemical works against homœopathy were written by representative men in the old school such as Forbes, Simpson, Bushnell, Routh, Brodie, and others less distinguished. We found ourselves forced to engage in a fierce controversial war, to fight as it were for existence against a whole profession enlisted against us and enjoying peculiar advantages in the exclusive possession of the colleges, societies, public appointments and medical periodicals. Against such formidable foes we should have been powerless unless we had had the truth on our side. The consciousness of this bore us up in spite of the bigger battalions of our adversaries. We were ably seconded by the new converts who rapidly enrolled themselves in our ranks; and after forty-two years of successful warfare we are fain to sheath our swords for lack of argument. The period of polemics is apparently past. The best writers on therapeutics now implicitly and sometimes explicitly admit the homœopathic as one of the rational therapeutic rules. The persecutions of former years are impossible in the altered state of the minds of the best men of the profession towards us, though of course we still have to bear—

and we trust we bear with equanimity—the paltry slights and feeble impertinencies of its meaner members.

Homœopathy has now obtained the footing in general medicine which will eventually secure for it the universal recognition it deserves. We cannot rest content until it is acknowledged to be the one scientific rule for the selection of drugs. As diseases can be cured by so many different means, dietetic, regiminal, hygienic, climatic, kinetic, electric, calorific, psychic, emotional, &c., drug treatment forms only a part—though a large part—of therapeutics, and even with respect to drug-treatment there are certain modes of treatment, more or less successful, which cannot yet be positively alleged to be homœopathic, such as the cure of syphilitic iritis by mercury, of tertiary syphilis by iodide of potassium, of many diseases of debility by so-called tonics (though here the failures are at least as numerous as the successes), numerous cases of the relief of pains and inflammatory ailments by so-called counter-irritants, almost the whole operations of the water-cure and many of the curative effects of mineral waters. Still the cure by drugs acting homœopathically must always constitute the vast majority of the practice of every medical practitioner, and to extend and perfect the knowledge of the pure effects of drugs on man must henceforth be the chief aim and object of the scientific physician. Under these circumstances an organ like the *British Journal of Homœopathy*, whose *raison d'être* was the exposition of the system of Hahnemann, its defence against hostile attacks and the defence of its practitioners from the persecution of interested opponents, is no longer needed, and the efforts of its conductors and contributors should henceforth be directed more exclusively to the perfection of the Materia Medica and its application in practical therapeutics, for which a different organ is required.

Of course it will be said by our opponents that the cessation of our *Journal* is a proof of the decadence of homœopathy, whereas we know that it is merely a sign that homœopathy has entered on another phase of its triumphant career for which a polemical organ is no longer needed. *Non*

tali auxilio tempus egit. The days of mere controversy have ended, those of the improvement of the instruments of our art, of the sifting and rational arrangement of the vast accumulation of pathogenetic materials contributed by innumerable workers are at hand, and this task is sufficient to occupy the time and labour of all who are willing to assist.

Still, though we voluntarily cease to continue our publication, without being impelled thereto either by declining circulation or diminished support from able contributors, we cannot do so without a feeling of profound regret at severing the connexion between ourselves and our readers. We can look back with satisfaction and even pride on our long career. We think we may fairly claim to have borne no insignificant share in placing homœopathy in its present satisfactory position in general medicine. To others we have left the task of popularising the system of Hahnemann. Our object has always been to address the profession on purely medical matters. It is only in cases of what we may call the social relations of homœopathy, that is to say, in defending our fellow practitioners from the persecutions of our opponents, and in resisting attempts at oppressive legislation, that we have addressed our remarks to a non-medical public. We are pleased to think that in all our polemical articles and in those of our able contributors personalities and abuse have been carefully avoided, even under the greatest provocations from our adversaries, who have often substituted abuse and calumny for argument. Our duty as reviewers of the works of partisans of homœopathy has sometimes led us to speak unfavourably of the scientific character of these works, but we need scarcely say that our animadversions have had exclusive reference to their contents. In every case it would have given us infinitely greater pleasure to praise than to censure, because every adherent of homœopathy is necessarily our friend, though he may write what we may not consider useful or profitable to the cause we have at heart.

Now, not to prolong the agony of parting, we will conclude by thanking our contributors for the valuable aid they

have given us in filling our columns with articles, many of which will be prized by future generations for their inestimable practical worth. Many of those who enriched our pages with their words of wisdom have now, alas! passed away, but the good they did is "not interred with their bones." Henderson, Madden, Beilby, M'Gilchrist, Dunsford, J. Laurie, Quin, Samuel Brown, Augustus de Morgan, Chapman, E. Phillips, Bayes, Ozanne, R. Walker, Mackern, Hilbers, and others whose names do not occur to us at the present moment have passed over to the majority, but many more, we are thankful to say, are still among us and as capable as ever of vigorous and useful work, and homœopathy has still great need for all their energies. We must express our thanks to our subscribers for their steady support and for the encouragement they have always given to us. We cannot conclude without a word of affectionate remembrance of those departed worthies who were connected with the journal as editors: Rutherfurd Russell, whose brilliant wit and cultivated taste added to a complete command of nervous English and a thorough mastery of his subject communicated to his articles a special charm that still fascinates the reader; Francis Black, whose solid earnest style and great industry are conspicuous in all he wrote, and he wrote much for us after his premature retirement from the editorship, and lastly, our genial co-operator George Atkin, whose extensive acquaintance with all branches of medical science rendered all he wrote of special value, and caused us to regret that his editorial connexion with the journal was so short. Of Drysdale we need not speak, for though he retired from the editorship a few years since, his interest in the periodical he founded continued unabated to the end, and he still remains, and we hope may long remain, the foremost surviving representative and champion of British homœopathy.

AMERICA REVISITED.

By Dr. Hughes.

In 1876 I paid my first visit to America, to attend the "World's Homœopathic Convention," that year held in Philadelphia—the meeting which has proved the first of a series of quinquennial international gatherings which are doing much to unite the homœopathists of the globe. On that occasion, besides Philadelphia, I visited New York, Albany, Montreal, Quebec, and Boston. The impressions I derived as to the condition and prospects of homœopathy in the new world I stated in an article contributed to the *Monthly Homœopathic Review* of October in that year.

In the present year I have made a second visit to the American continent. My original object in going was to attend the annual meeting of the American Institute of Homœopathy, and to seek the co-operation of that body in the revision of the Materia Medica so long mooted amongst us here at home. On my intention becoming known, however, I received an invitation from the Medical School of Boston University to take the opportunity of giving a course of lectures to its students. Such an invitation was felt by me like a royal one—a command; and I arranged for a month's longer absence accordingly. Leaving Liverpool on April 29th by the White Star Steamer "Adriatic"—of whose accommodation and management I can speak in the warmest praise—I reached New York on May 9th and Boston on the following day.

In that fine historic city I spent the next four weeks most pleasantly. My lectures (twelve in number) were delivered on Monday, Tuesday, Thursday, and Friday evenings, my audience being the students, the members of the Faculty, and physicians of our school from the city and neighbourhood. As they are published I will say no more about them here, save that I had every reason to be gratified

with their reception. I spent a good deal of my leisure in the daytime in completing them, and was much aided by the large resources of the Boston Public Library, which are freely at the disposal of every visitor, and make it a model of what such an institution should be. On the off evenings, and indeed at every available opportunity, I received the boundless hospitality which I learned so highly to appreciate in 1876; and saw many interesting sights and formed many pleasant acquaintanceships.

Homœopathy in Boston, and indeed in Massachusetts generally, is firmly rooted and abundantly flourishing. Represented by such men as Talbot, the Wesselhoefts, De Gersdorff, Angell, and James Bell, it can hold its own with anything the old school can supply; and its *clientèle* seems to include a fourth part of the wealth, if not of the actual population, of the State. A good instance of the estimation in which it is held is afforded by the recent grant of a lunatic asylum to be placed under homœopathic management. This was demanded on the simple ground of justice, and no one has ventured to dispute the validity of the claim. I was present in the Legislature when the Bill embodying the grant (already passed unanimously by the Senate) came on for its third reading. There was opposition, indeed, but only in favour of alternative schemes; all acknowledged that the homœopathists must have their share, and even from a member of the House who was a physician of the old school no expression of disparagement or scorn was heard. The Bill was carried with hardly a dissentient voice, and received soon after the signature of the Governor of the State. It gives us a pile of now disused buildings, worth about 250,000 dollars, for an asylum, and another 250,000 to fit them for their new purpose. I went with Dr. Talbot to see them, and was charmed with the beauty and repose of the scenery amid which they stand, well fitted to soothe the distraught brains of their intended inmates. I hope that the Westborough Asylum may be as successful as that of Middletown has been, and as a third one now erecting in the State of Michigan intends to be.

The homœopathic institutions of Boston itself continue

to thrive. The Medical School has had during the last Annus Medicus a class of over 100, and while I was there graduated thirty-six (eighteen of each sex) as intelligent young physicians as I could wish to see. The Massachusetts Hospital attached to it is building a new wing, which will double its accommodation (now about fifty beds); and the dispensary operations of the Faculty continue to be most extensive. I was present during my stay at meetings of the Boston Homœopathic Society, of the Medical Club for young practitioners which has done me the honour of calling itself after my name, and of an Academy formed by the senior students of the school—all well attended. I also assisted at the "Commencement Exercises" of the University, which embraced all its branches, and at an evening Reception in honour thereof. Last came a banquet given by the Massachusetts State Homœopathic Society to the graduating class of the school, and also in celebration of the late grant of the asylum and in welcome of myself. The Governor of the State and the President of the Senate were there, and it was altogether a very enjoyable occasion.

Before leaving Boston I must not omit mentioning a group of institutions which, though standing on a basis of their own, have for us the interest of being under homœopathic management. They are those founded and conducted by Dr. Charles Cullis, a practitioner of the city. Dr. Cullis is an earnest believer in the promises of healing made to faith and prayer, and his "faith-cure" has acquired such prominence in the eyes of outsiders that it is generally supposed, even by his own colleagues, that this is the only mode of treatment he employs. Such a notion is quite a misapprehension. Dr. Cullis uses ordinary (homœopathic) treatment for his ordinary cases in hospital as in private practice; the "faith-cure" is recognised by him as applicable only to the few who specially seek it and have the necessary qualifications. His homes are not erected primarily or mainly for this purpose, but for the reception of sufferers hardly eligible for other hospitals, where they may have the comforts they require with homœopathic treatment and the consolations of religion. And yet they are "Homes

of Faith," as having been established and carried on without any support but that which comes, unsolicited, in answer (as it is believed) to prayer. In this way Dr. Cullis has maintained for twenty years a Consumptives' Home, now accommodating eighty patients, to which has later been added a Cancer Home and a Spinal Cottage, besides other not strictly medical institutions. On behalf of his whole work Dr. Cullis has received during these twenty years, "without solicitation by himself or anyone employed by him," upwards of £100,000. His doings are obviously parallel with those of Mr. Müller, of Bristol, who also (as we know from Dr. Eubulus Williams' reports) places his inmates under homœopathic care. Whatever may be thought of his theological position, the beneficence of his provisions for the sick and destitute is indubitable, and the medical treatment adopted in them commends them to our special interest. I went over his Consumptives' Home with the doctor, and found it everything that could be desired.

When my engagements in Boston were over, I had eight days to spare before I was due at Deer Park; and I determined to spend them in seeing Pittsburgh and Chicago, which I had not visited in 1876. I took New York *en route*, and—having looked up Drs. Allen and Helmuth on my arrival—now renewed acquaintance with Drs. P. P. Wells, Lilienthal, Stiles, and St. Clair Smith, enlisting the first two in the proposed new translation in America of Hahnemann's *Chronic Diseases*. On Monday, June 9th, I travelled to Pittsburgh in that enjoyable way which America only knows how to manage in perfection. The distance was 444 miles, and was done between 9 a.m. and 9 p.m., not by a headlong pace (which in the loosely hung "cars" is far from pleasant) but by only stopping at three places during the journey. Thus, and with the lavatory and dining-room accommodations of the "Pullman," the time passed as agreeably as could be wished. On reaching Pittsburgh I was met by Dr. McClelland, and taken to his villa outside the city.

Pittsburgh is the Manchester or Birmingham of the United States, a large, rich, smoky, manufacturing city;

and I saw it at its worst on one of the few rainy days I had during my stay in the country. My main object in visiting it was to see the new Homœopathic Hospital, recently erected at a cost of £50,000, of which the State of Pennsylvania contributed £10,000. I found it all I could desire, capable of making up 200 beds, and fitted according to the best ideas of hospital construction. Those of us who were at the International Convention banquet in 1881 will remember how enthusiastically Dr. McClelland spoke there of hospital work, and he has sympathetic fellow-workers in Dr. J. F. Cooper, Dr. Willard, and the rest of the staff. I had the pleasure of meeting these, and other physicians from the neighbourhood, during my stay in the building: and a meeting of the Allegheny County Medical Society was extemporised among them—Dr. Bingaman in the chair—to hear the proposals regarding the Materia Medica I had come to advocate; which proposals they cordially endorsed.

After feasting me at a club, my kind Pittsburgh friends (among whom I must specially thank Dr. John McClelland, brother to my host, for his attentions) saw me off by the night train for Chicago (468 miles), which I reached by about 10.30 the next morning. My friend of 1874 (who then, indeed, with Dr. Talbot, became the friend of all of us), Dr. Ludlam, met me at the station, and took me under his hospitable wing. He himself, with his assistant, Dr. Crawford, and with Dr. Vilas (so pleasantly known to us in 1878), did the honours of the city to me; and a splendid one it is, both from a commercial and from an æsthetic point of view. In their company I visited the Hahnemann College and Hospital, where they now educate some 240 students annually; and they, with the veteran Dr. Small, and other members of the Faculty, entertained me on the Thursday evening at a banquet given in one of the clubs, in whose palatial style Chicago and New York are rivalling London.

Our colleagues at home are aware that in Chicago the homœopathists are divided into two camps, a body of secessionists from the "old Hahnemann" having founded a "Chicago Homœopathic College," and having obtained a share in the adjoining Cook County Hospital. It was, of

course, no business of mine to take either side in the controversy, and I lost no time in seeking out those members of the new party with whom I had become acquainted in 1881 and other times, Drs. Woodward, Foster, Mitchell, and E. M. Hale. The first named kindly took me over the college and hospital, and subsequently entertained me at a luncheon at his house, where I met the rest and other friends. I am glad to say that though (in spite of efforts lately made) there is no immediate prospect of re-union between the two camps, there is a great abatement of the ruffled feeling which the division could not but excite at the time. I am not sure that a continuance of friendly rivalry between the two colleges would not be alike the most practicable and the most fruitful course for the future.

Friday evening saw me *en route* for Deer Park—a run of about 700 miles. The meeting of the Institute did not commence till Tuesday morning, the 17th; but Dr. Dake, as chairman, had summoned the Bureau of Materia Medica to meet some days in advance, and had invited me to confer with its members. I reached my destination, accordingly, early on Saturday afternoon; and that evening, and on Sunday and Monday, we held sedulous conference. The members of the bureau, besides Dr. Dake, were Drs. Arndt, Cowperthwaite, Farrington, Owens, Sherman, C. Wesselhoeft, and Woodward. All of these, save Dr. Wesselhoeft (who was detained at home by illness, but whose views we had in writing) were present; and we had also the counsel of Dr. H. C. Allen, Professor of Materia Medica at Michigan University. At these meetings the whole subject of revision was thoroughly threshed out, and the result was unanimous agreement in the recommendations subsequently made to and accepted by the Institute.

Deer Park is a little township in the extreme west of Maryland, chiefly consisting of three large and contiguous hotels, the property of the company whose railroad passes their doors. It seems named on the *lucus a non lucendo* principle; for it is not a park, and there are no deer about. It is, however, pleasantly enough situated, in a green basin high up in the Allegheny Mountains, about

3000 feet above the sea level. There was nothing much to see, which was so far the better that it kept the members to work. They came dropping in throughout Sunday and Monday, mostly accompanied by the ladies of their families; and became at last so numerous, that for the bachelors two of the sleeping cars of the company had to be brought up and moored in a siding near the hotels, to relieve the crush. About 250 members, I was told, were present. They included, among those already mentioned, the President, Dr. Sanders, of Cleveland; the Vice-President, Dr. Allen, of New York; Dr. Kellogg, the perennial and ever-genial Treasurer; Dr. McManus, of Baltimore, Chairman of the Board of Censors from time immemorial, and who has never but once missed a meeting of the Institute; Dr. Burgher, of Pittsburgh, the General Secretary; Drs. Talbot, Edwards Smith, Dowling, Helmuth, Talcott, Orme, McClelland, Higbee, Ordway, T. P. Wilson, Winslow, Houghton, Wright, Sawyer, Hall, and others too numerous to mention.

The plan of the Institute is to have a number of Bureaus, to each of which a branch of medicine is allotted. The President chooses the chairman of each, and he selects his colleagues, and arranges with them a subject for treatment. At the meeting the Bureaus are called upon, one by one, to report; and each writer is allowed ten minutes in which to give an abstract of his paper or (as is often preferred) to read as much of it as he can. The total report is then thrown open for discussion. Now this plan might have worked very well while Bureaus and essayists were few; but when, as now, the former number fourteen, and the latter range up to as many as eighteen, it is simply impossible even to get through the reports, still less to discuss them. I understand that an effort is to be made next year to restrict the number of papers, and so give more time for discussion, for which indeed it is that men come together on such occasions as this. A still greater reform, it seems to me, would be the abandonment of the attempt to treat exhaustively each subject selected for the Bureau. When this is a disease or an accident (say Fracture), we have time and printing-space occupied with masses of

matter on which the writers have no special information, and which are to be found in every text-book, to make the presentation of the subject complete. The only papers suitable for such meetings are—(1) Those which contain results of the writer's individual observation or experiment; (2) those which advocate original views on medical questions; and (3) those which bring together recondite information on special points in practice. Of these the first are best; and when men like Helmuth got up to tell us what they had seen of septicæmia and pyæmia, and Edwards Smith to relate their work in examining our pharmaceutical preparations, the attention and applause they received showed how welcome were their contributions to our knowledge.

While I assisted, with interest, at all the meetings, I was of course specially concerned with that at which the Bureau of Materia Medica made its report. Its plan for revision met with general acceptance, save on the one point of excluding provings made with potencies above the 6th, unless in accordance with those otherwise obtained. The opposition to this had the weight of Dr. T. F. Allen's support; but it nevertheless failed to obtain more than three or four votes when a division was taken. It seemed generally felt that some limit must be assigned, and that the one chosen was fair and reasonable. The scheme as a whole was accepted, and the first part subscribed for by the Institute,—further action in relation to it being deferred until the specimen has been seen, and can be discussed. This will of course be at the next meeting, which is to be held at St. Louis, with Dr. T. F. Allen in the chair.

The banquet associated with these gatherings was held on the Thursday evening, and was a very enjoyable affair. "Speaking to sentiments" is still in vogue in America, and we all did our best to honour those assigned to us. Dr. Helmuth, on "The City Doctor," gave us another of his *jeux d'esprit* in verse, not so irresistibly amusing as that of last year (in which he described the characteristics of a number of our notables as the after-consequences of their proving of hydrophobin in studenthood), but full of good

points. Dr. Burgher, on "The Doctor's Wife," followed him in verse, but of a more serious tone. The *grand coup* of the evening, however, was the treatment of the subject of "The Country Doctor" by Dr. Asa Couch, of Fredonia, N.Y. This physician, who seems "a fellow of infinite humour," had already made a vivid impression by his contribution to the Bureau of Clinical Medicine on "The Abuse of Drugs," which sparkled with wit; but on this occasion he outdid himself, and gave us (at least I can answer for myself) as hearty a laugh as could well be had.

On Friday morning at nine I left for New York, with the party from that city, and after passing, in our 528 miles' journey, by Washington, Baltimore, and Philadelphia, and along or over the Potomac, Chesapeake, and Susquehanna rivers, we reached our destination about 10.30 p.m. Dr. Helmuth kindly acted as my host, and took me next morning to the Hahnemann Hospital, which I had not seen in 1876, but which is well worth a visit. I had the opportunity of seeing him operate on a case of mammary cancer just come in, and need not say that everything was done after the best surgical manner.

A luncheon, given by Drs. Dowling and Helmuth at the Union League Club, and where Dr. Talbot joined us on his way homewards; a last cup (of the inimitable lemonade of the States) to our good fellowship and common cause, and I left my friends to join my ship—the "City of Berlin"—which soon brought me safely back to England. I return this time with the same warm sense as before of the kind welcome and generous hospitality I have everywhere experienced; with the same encouragement in respect of homœopathy which contact with so much solid growth must give; and with the same desire to make up in our work here by quality for what we lack in quantity. *Valete, fratres Americani, valete!*

ON CONGENITAL PHIMOSIS AS A FREQUENT CAUSE OF DISEASE.

By Dr. A. C. Clifton, Northampton.

If reference is made to the subject of phimosis in the several standard works on surgery, it will be seen that although it is stated as liable to cause certain forms of disease, no great stress is laid on the *frequency* of the affection or of its frequent effects.

The medical journals of this country moreover, so far as I have been able to ascertain from Braithwaite and other sources, have not called especial attention to the subject within a recent period. In America, however, it has been taken up several times during the last two or three years, and articles have appeared on it in some of their medical journals, to which reference will again be made at a future stage of this paper. Having myself during the last few years seen a large number of cases of congenital phimosis, many more than formerly, I have mentioned the subject to other medical men with whom I have had the privilege of professional intercourse; with very few exceptions I have found that their experience has been the reverse of mine. Of the exceptions I may mention three: one of these with a large obstetric practice, who stated that he had not only met with many cases of disease from congenital phimosis, but that about one fourth of the male children he had delivered within the last three or four years had this defective formation. A second medical man, also in large obstetric practice some distance from here, I am told, circumcises on an average one sixth of the boys he delivers. A third medical man and hospital surgeon states that there has been a great increase of the cases requiring circumcision, both on account of mere obstruction and of disease. Under these circumstances of evidence for and against I submit the subject to a wider audience and for fuller consideration.

During the last six years, more than fifty cases of con-

genital phimosis have come under my notice that have required and undergone the operation of circumcision; in about two thirds of the number the malformation was associated with various forms of disease, and for which *alone* the patients came under medical treatment, and although in most instances there was pain or difficulty in micturition, the phimosis, as the cause of this even, had not been recognised by parents or nurse, and in several instances by medical men under whom some of them had been. In nearly all of these there was a speedy restoration to health after circumcision, and *without the aid of drugs*, adducing therefore some ground for the hypothesis that the phimosis had been *an* exciting or *the* exciting cause of the disease from which they were suffering.

It is my purpose to give an analysis of these cases and submit certain propositions deducible therefrom. Before doing so I may remark that forty out of the fifty-two cases alluded to have occurred within the last two years, and as this may be considered an abnormally large number in the practice of one medical man not a specialist, it is only right that a reason for this influx of cases should be given. The answer to this is that they were *sought for*; but as it has often been remarked, and with great truth, that almost anything may be found by men with preconceived notions of the existence of any phenomena, medical or otherwise, I feel that I am bound to protect my experience from so natural an imputation. This will best be done by giving the history in detail of a few of the first cases coming under my observation in the most ordinary way before any hypothesis or idea had arisen in my mind of the frequency of cause and effect as stated in this paper.

Case 1 (1878).—A clergyman, about thirty years of age, had been married over a year. He was of a very nervous, irritable temperament and in a weak state of health; his voice was squeaky, and his speech jerky, spasmodic. In youth he had suffered from seminal losses, and these were still continuing, never having been able to perform coition; an examination revealed an elongated, indurated, and con-

tracted prepuce. Circumcision was performed; he quickly gained health and strength, and even his voice and speech were in the course of a year much improved.

Case 2 (1879).—Child of the above, six months old, nervous, excitable, sleeps badly, wakes crying as if in pain, frequent diarrhœa, rolls his head much. *Belladonna, Arsenicum,* and other medicines gave no relief. Head symptoms got worse, and finally convulsions. Failing to find any definite organic disease of brain or other organs, symptoms coming and going, whilst watching him one day I noticed that after micturition, symptoms were better. Examination revealed a *very constricted* and elongated prepuce; this was excised and the child recovered in two days, and never suffered in at all the same way afterwards.

Case 3 (1880).—Aged one year. Parents living in Oxfordshire, but the child visiting grandparents in Northampton, who were patients of mine, brought therefore to me, as had been under own medical man for more than a month without any improvement. Child was suffering from intertrigo and an abscess in right inguinal region; all questioning failed to elicit any symptoms besides occasional diarrhœa. *Sulphur* 30th dilution was given for a week, followed by *Lycopodium,* and then no improvement. At that time I noticed a rather elongated and contracted prepuce, yet there did not appear to be pain or much difficulty in micturition. Failing to find other signs or symptoms, I suggested circumcision. On returning home, the family doctor ridiculed the idea of phimosis having anything to do with the abscess or intertrigo. I advised the opinion of a London surgeon; this was taken. Circumcision was performed, after which the abscess healed and intertrigo got well as if by magic without the aid of medicine.

Case 4 (1880).—Aged two years and a half, not well from birth, is very weak and emaciated, cannot stand alone or walk, left buttock and limb smaller than right, bowels often relaxed, scalp sweat at night, sleep always fitful day and

night, been under family doctor several times without permanent benefit. *Calcarea, Arsenicum, Podophyllum, Sulphur,* failing in doing good, further examination made. Congenital phimosis discovered with indurated prepuce adherent to glans. Circumcision performed, child rapidly improved, but died six months afterwards from bronchitis and whooping-cough.

Case 5 (1880).—Aged eighteen months, fat and flabby, often suffered from windy colic and constipation, irritability of temper, restless night and day, no complaint made of pain or difficulty in micturition. Relieved by *Chamomilla* and *Graphites*. Again seen in three months for irritable cough, colic, and constipation. Whilst being seen, during a fit of crying, I noticed that micturition took place and the crying ceased. Examination of penis made. A very contracted prepuce adherent to the glans was found; could scarcely insert fine probe in opening of prepuce. Circumcision was advised and performed. All symptoms of colic, constipation, &c., ceased the *following day*, but owing to not excising a sufficient portion of prepuce it again adhered to the glans, and had to be afterwards removed. The child did well and the symptoms have not reappeared.

Case 6 (1880).—Aged eighteen months, restless sleep day and night, frequent crying, often ending with a trance-like condition for ten to fifteen minutes, then passed urine and appeared fairly well, this occurring sometimes two or three times a day, and had been going on a long time. *Hyoscyamus, Chamomilla, Ignatia* and other medicines did no good. Phimosis found to exist. Circumcision performed and child did well, all symptoms ceasing entirely without medicine.

Case 7 (1881).—Aged three years, apparently in good health with exception of slight inguinal hernia and some constipation. *Nux* followed by *Graphites* were given without benefit. Further questioning of parents elicited that the child strained and cried during micturition. Examination revealed a very tight phimosis, not discovered before by parents or family doctor. Circumcision performed and

the child got well; the hernia even not requiring a truss any longer.

CASE 8 (1881).—Aged three months, diarrhœa with tenesmus from birth, always restless, crying often, losing flesh. *Arsenicum, Aconite, Podophyllum, Veratrum* failing to do good, further examination made. During this the child cried and passed water. Constricted prepuce was found and circumcision performed, after which the child quickly recovered without medicine.

CASE 9 (1881).—Brother of Case 6, aged three months, a dry, spasmodic, noisy cough, no other symptoms mentioned. Phimosis was found to exist, but not appearing to cause pain or difficulty in micturition it was thought advisable to try medicines for the cough. Various remedies were given without good effect. Circumcision was then performed and the cough ceased on the following day.

CASE 10 (1882).—Aged one year, right inguinal hernia, obstinate constipation from birth, with difficult micturition; had been under medical treatment without relief. *Nux* 3, then 30, *Graphites* 12, and other remedies were tried without benefit. Circumcision advised and performed with benefit. *Nux* and *Sulphur* were then given occasionally and the child quickly recovered from everything except the hernia, but even that became less tense and prominent.

CASE 11 (1882).—Brother of Case 7, aged three months, suffering only from pain and difficult micturition. The parents, noticing the fact of the penis being in the same condition as the former child, brought it for operation. This was performed successfully and the child did well.

CASE 12 (1882).—Aged three months, cousins of Cases 7 and 10, had pain and difficult micturition, with frequent crying, and restlessness. Phimosis existing, the prepuce was excised, but not sufficiently so, and had to be repeated, after which the child did well.

CASE 13 (1882).—Aged six months, emaciation, restless-

ness, scalp sweat, diarrhœa, great thirst. *Calcarea, Arsenicum,* and other remedies failing to do good, the symptom, relief of restlessness after micturition, was elicited. Examination of penis was made. Circumcision required and performed, and child quickly recovered without further medical treatment.

From the report of these cases, with objective and subjective symptoms, or rather signs and symptoms of disease, coming under observation in the most natural way, I may be cleared from the charge of any preconceived hypothesis, and that in *seeking out* such cases of malformation for the future, in children suffering from disease of any kind, the cause of which was not otherwise traceable, I was only doing what was legitimate and proper in a medical sense.

Besides the thirteen cases already reported in detail, there now remain forty others occurring between July, 1882, and July, 1884. Whether or not my former experience may have led to a bias as to the importance of the malformation in these and symptoms attending thereon is fairly open to criticism after a review of the analysis now given of them.

Eighteen of these, in ages between one month and six years, but three fourths of which being under six months old, presented no features beyond a varying condition of contracted, elongated, or indurated prepuce, with some pain or difficulty in micturition, and for this *alone* were circumcised. The remaining twenty-two cases presented the following symptoms: in all of them there was general weakness, irritability, and excitability, interrupted sleep, uncertainty of condition from day to day, with more or less pain and difficulty of micturition. Four cases from two to three years old there was either want of development or wasting of the buttocks, weakness of the loins and legs, and inability to walk. In two cases, one of four years, the other five months old, there was hernia and constipation. One case, five years old, of stammering and defective articulation; this case was only improved by the operation. Two cases with cerebral symptoms and general excitability, culminating in convulsions. One case, five months old, with chorea-like

twitching of the muscles of the face and limbs. Four cases with recurring colic, alternate constipation and diarrhœa, with emaciation; two of these with nervous cough. One case, six months old, with intertrigo, eczema, and malnutrition. Four cases, two months, six months, eighteen months, and five years of age, ill-nourished, excitable, and weak. With the exception of the two cases mentioned as only being improved by the operation, all the others soon attained to a condition of health, and the great majority of them without further treatment by drugs or otherwise. They all underwent circumcision, but I am by no means sure that about one fifth of the number would not have done as well by a mere slitting up of the prepuce: a great objection to that, however, is the ragged and somewhat bulbous edges that are likely to be left. One case, three years old, of laryngismus stridulus, coming and going over two months, much relieved by the operation.

It will appear from the previous remarks that these cases have come under my notice *alone* and been operated on by *me*. The cases were undoubtedly mine, but both in justice and courtesy to Mr. A. G. Wilkinson, who has worked in conjunction with me for eighteen years, I should state that he was not only a co-observer of them, but the principal operating surgeon therein.

In addition to the fifty-two cases already reported on eight others have come under notice during the last two months; some of them will certainly require an operation, but parents as a rule are averse to it until proved to be absolutely needful.

The remaining case bearing on the subject occurred fifteen years ago. A youth was under my care a long time for pain in the right hip and thigh. He was also seen by several surgeons in London, but despite all treatment some wasting of the buttock and shortening of the limb took place. He was then seen by Mr. Barwell, of St. George's Hospital, whose opinion was that the disease was neurotic in origin, excited by a contracted prepuce, and that circumcision would do much to restore the limb. His advice was not acted upon: first, because the phimosis was only partial,

and secondly, that neither I nor another medical man could see any pathological relation between the malformation and the lameness—an error on my part much to be regretted, as there has remained a permanent shortening of the limb.

In concluding the evidence I have to offer respecting the cases coming under my own supervision, I would remark first, that whilst diarrhœa or constipation have frequently been coincident with the affection, I do not remember a single instance where sickness or vomiting was an attendant symptom, which I have been somewhat surprised at; secondly, that whilst I have ascertained that the paternal parent had in many cases practised masturbation in youth, such evidence has been incomplete, and considering how many others have done so the male children of whom have not had this abnormal condition, the relationship of one to the other is but slight; thirdly, that although there have been about ten of the cases in which hereditariness existed, and one family of three married sons and daughters, each family having male children with congenital phimosis, the proportion of hereditary cases is only slight. These questions and some others relating to the pathology of the affection I do not intend further to notice.

Having thus far stated my experience, I submit the following propositions for consideration:

1st. That congenital phimosis is far more common than has hitherto been recognised.

2nd. That it is frequently the cause, or an exciting cause, of various forms of disease, and often overlooked.

3rd. That where such malformation exists the operation of circumcision, or the slighter one of slitting up the prepuce, should be performed, whether the condition is associated with any nervous disease or not. For if it is not it is most likely to lead to local irritation in youth as well as be a source of trouble in married life.

As all evidence beyond my own is of importance (and perhaps more so) bearing on this subject, I would first call attention to that of three medical men noticed at an early period of this paper; secondly, five cases of male children I have only incidentally heard of as suffering from general

and local weakness, nervous irritability, and cerebral symptoms, not relieved by medical art (two of them residing in London). The parents were not my patients, and I could merely suggest a possible cause and that the attention of the family doctor should be directed to an examination of the penis; this was done, and in four out of the five circumcision was thought needful, and was performed with benefit or cure of the patients. Third, an Edinburgh medical student told me a month since that one of the professors of surgery in that University had recently called attention to the greater frequency of this affection than formerly, or its being oftener recognised, though in many instances overlooked as a cause of disease; and finally, the articles which have appeared on the subject in some of the American journals within the last two years.

In the *American Homœopath*, January, 1883, there is an article by Dr. Mount on "Phimosis and its Treatment by Circumcision." Twelve cases are given as having been operated on. The principal symptoms were painful, frequent, and difficult micturition, nervous irritability, and sleeplessness; in addition there was in one case defective articulation, one with inguinal hernia, and another one of disease of the hip, with shortening of the limb. The case of defective articulation, and the other of hernia, were much improved by the operation, and the others appear to have been cured.

In February, 1883, of the same journal, Dr. Winterburn relates four cases of defective vocalisation due to congenital phimosis and cured by circumcision.

In March, 1883, of the same journal there is an abstract of a paper from another medical periodical on the subject; in that Dr. Sayre is credited with "demonstrating this condition as bearing a causative relation to irritability of the bladder and arrest of the development of the lower extremities, &c., by reflex action," and it is further noticed that "Mr. Barwell of London has had forced upon his observation the coincidence of phimosis with hip-joint disease, which in his experience has been so frequent as to draw from him the opinion that it is not fortuitous, but

is a physiological and potent relation, probably a cause to be ranked along with the strumous diathesis and local injury, his conclusions being based on a large number of cases and upon the observation of Mr. Baker at Evelina Hospital that Jews rarely have hip-joint disease." The article goes on to remark "that other surgeons of eminence had also noticed the frequent coincidence of hernia with phimosis; one practitioner (a Mr. Kempe) found in fifty cases of congenital phimosis, thirty-one of rupture, and another practitioner reported four cases of reflex gastralgia dependent on adherent prepuce."

In the same journal June, 1884, there is another article on the subject by Dr. Camp, of Minneapolis, entitled "Partial Paralysis from Reflex Irritation, caused by Congenital Phimosis and Adherent Prepuce." The paper is of an interesting and instructive a character, but to attempt to summarise or curtail it would much lessen its value.

I submit my experience and deductions on this important subject, together with the observations of others, to my medical brethren for their consideration, to many of whom, both in this country, in France, and especially in America, I am bound in ties of more than professional esteem and respect, and doing this through our venerable yet ever vernal medical quarterly journal, with the belief that although the subject is not one coming within the province of homœopathy, it is nevertheless one relating to the common domain of health and disease, and therefore of interest to both physician and surgeon.

NOTES ON THE TREATMENT OF MENTAL DISORDER.

By JOHN D. HAYWARD, M.D. Lond.

> "It is the mind that maketh good or ill,
> That maketh wretch or happy, rich or poor."
> *Spenser.*

OF old time the human mind was regarded as a separated portion of the universal spirit, a fraction of divinity manifesting itself through the medium of the brain and receiving impressions through the organs of sense, but not owning a physical origin, at any rate, in its higher manifestations. This is the view to-day of the body of philosophers classed as spiritualists in the better sense of the term. The other extreme view is, that mind is simply a function of the living brain, a secretion of the organ contained in the skull. The supporters of this latter view, in its fullest development, consider mind, including under that term consciousness, the passions, and the will, as derived from physical causes alone. In this sense brutes possess mind, and they with men are mere automata of various degrees of complexity. Professor Clifford dogmatically says that it is nonsense to talk of the will influencing matter, because matter in its motion or position is the only thing which can influence matter; and in Harriet Martineau's letters occurs the sentence: "In material conditions I find the origins of all religions, all philosophies, all opinions, all virtues, all spiritual conditions and influences, in the same manner that I find the origin of all diseases and all insanities in material conditions and causes."

Between these extreme views writers on mental phenomena occupy positions at various distances from either extreme. Although the knowledge of the automatic activity of the brain with regard to perception, ideas, and even thought has been greatly extended of late years, by the description of sensori-motor and ideo-motor reflexes, uncon-

conscious cerebration, &c., and by the more definite enunciation of the dependence of the normal mind upon the healthy physical condition of the brain, the bulk of scientific opinion rests with those who consider, with Dr. Carpenter, that the general internal consciousness of a self-determining power which, to a certain degree, can dominate circumstances and their suggestions is proof of the existence of this power; and Dr. Carpenter elaborately supports this view in his admirable 'Mental Physiology.' Metaphysicians and physiologists have extended our views of mental automatism and shown how the mind is influenced by traumatic, morbid, and hereditary influences on the bodily physical constitution; but the bulk of thinkers still agree with Mr. Sidgwick, when he writes: "No amount of experience of the sway of motives even tends to make me distrust my intuitive consciousness, that in resolving after deliberation, I exercise free choice as to which of the motives acting on me shall prevail;" while that powerful advocate of automatism, John S. Mill, writes in his 'Autobiography: "I saw that, though our character is formed by circumstances, our desires can do much to shape those circumstances; and that what is really inspiriting and ennobling in the doctrine of free will is the conviction that we have real power over the formation of our own character; that our will, by influencing some of our circumstances, can modify our future habits or capacities of willing."

Whatever theoretical views the medical man may hold as to the materialistic or spiritualistic origin of mental phenomena, it will be expedient for him to make use of the self-determining power a man can exert over his sensations and mental conditions (whether he consider the independence of this power to be real or only apparent), if he is to utilise as a therapeutic agent the man's personal power to influence his material by his mental conditions; he may content himself as a physician with observing and making use of the influence of the mind on the body and *vice versâ*, independently of any assumptions of the manner or degree in which the two are united. Similarly the moralist finds it expedient, whatever scientific views he

may hold, to act with respect to crime, not as if man's conduct were entirely the result of his physical constitution—in which case duty would be a term conveying no responsibility and criminality merely a morbid cerebral change, a form of insanity, the punishment of which would be merely punitive—but as if he believed in the independent and voluntary power of the mind over conduct; otherwise religion and moral philosophy would lose their main appeal as man's guides in his government of himself, his contact with the world, in the hour of his success as well as in that of sorrow, of danger, or of death.

The power of the will in bodily conditions depends on its determinate direction of the attention to or from the sensations or ideas presented to the mind; and, as Dr. Carpenter says, this capacity "depends, first, upon our conviction that we really have such a determining power, and, secondly, upon our habitual use of it."

The controversy between the supporters of the spiritualistic and materialistic views of the cause of mental phenomena admits of reconciliation; the two classes are regarding the same phenomena too strictly from their own points of view, the metaphysical and the physiological. To declare the mind to be simply a power of the living brain is not an assertiou that there may not be a something subtle and immaterial connected with the brain, of which as a governing power we are conscious and which we call the will. Now, as the brain varies according to age and sex, and to individual and hereditary peculiarities, so do minds vary, this variation most probably depending on structural differences in the brain, original or produced; and, in this sense, to speak of the action of man's mind on man's matter, is equivalent to speaking of the action of one part of man's matter on the rest, just as the healthy or perverted action of any one organ of the body influences the remainder to degrees, the extension of which science is revealing more and more, with the exception that in the former case the individual has the power of directing to some extent the manner and degree of this influence, which power the physician may direct and stimulate for the bodily

welfare of the individual as the minister and moral philosopher may for his moral behoof.

The power of man's matter [other than the brain] in influencing his mind is of equal importance, and is so well recognised that various mental operations have been directly referred to bodily ailments, and different beliefs, religious and political views tabulated in connection with their causative disorders, the more pessimistic sects and philosophers being connected with dyspepsias and degenerated liver. It may often be difficult to separate cause and effect; but it is with the voluntarily directed influence of the mind on the body as a therapeutic agent to which the writer chiefly desires to direct attention.

Among the bodily changes frequently resulting from mental influence, especially sudden emotions, may be mentioned syncope, vomiting, change of the colour of the hair and of the nutrition of other parts, chorea, alterations in the urine, milk, and other excretions and secretions, jaundice, cerebral disease, and death itself. The writer has recently had under his care a young man who studied for a civil service examination, and who, a few days after the examination, became yellow and rapidly grew severely jaundiced. No cause whatever for this condition could be found, beyond the study and the despondency at being plucked; he quite recovered in a couple of months.

Undoubtedly many of the effects attributed to ozone, magnetism, belts, and pads, and many of the nostrums of the day are really due to their mental influence, and the physician is often astonished at the therapeutic result of the administration of a placebo. One of the worst signs in many diseases is despondency or fear or the lack of desire to recover, not only as marking a severe disease, but as an independent symptom affecting the prognosis. Melancholic persons make the worst and cheerful usually the best patients, while we are often surprised at the tenacity of life evidenced by the hopeful and by those who have determined not to die. The desirable mental state may be induced or aided to a great extent by the physician and by the patient's surroundings, and it is an instinctive desire, which

testifies to the debt we owe Charles Dickens, that causes us to see his books on the beds of so many of our patients. To a similar cause may be due some of the influence of weather and locality in health and disease. It is stated that the imagination can engender definite diseases of the body, and that various mental influences render persons more subject to the influence of contagia. Mental excitement or enthusiasm can render the body insensible to hurt, and physical efforts that can be accomplished under great mental stimulus are often astonishing. Literature abounds also with accounts of results in the child of mental impressions and conditions occurring in the mother during the period of gestation; marked physical changes are stated to have been so produced. Many of the most obstinate affections have been removed by nothing else than enthusiasm, joy, or mental excitement, and there is the historical tradition of the son of Crœsus, who had long been dumb, speaking when he saw them about to murder his father. It is undeniable that miraculous cures have over and over recurred in all ages; and what are these but influences of a firm belief in some Divine or earthly power, acting on the body?

Hufeland writes: "How often are the most obstinate diseases cured by nothing else than joy, enthusiasm, or mental excitement! I do not assert too much when I declare that the greater part of our chronic nervous diseases and so-called spasmodic affections is nothing else than an indolent and passive condition of the mind, the result of a degenerate surrender to bodily sensations and influences.

"Everyone knows the power of imagination. No one doubts that there are imaginary diseases and that multitudes of beings have no other disease than that they imagine themselves diseased. Is it not then as possible and ever so much better to imagine oneself healthy? And may we not in this way increase and preserve health; just as, by the contrary plan, we can increase or produce disease?"

Most people have noticed that paying attention to sensations and impressions increases the effects these have on the body; witness the widespread sighing and coughing in church at a pause in the sermon. The morbific influence of

cold and other agents upon the system is certainly less deleterious when the corresponding sensations are not excited or not attended to; persons who "are always taking cold" are generally those who "coddle" against all exposure and pay attention to every change of surrounding change of weather.

It is only in the early period of hypochondria that the will can be of much curative benefit; for when the disease is fixed and the patient resigns himself to his morbid sensations for which there is no definite local cause discoverable, it is not to be expected that he will make the determined mental efforts required to banish his sensations; it requires a firm and reasonable man when plagued with sensations for which he can find no cause, or where, if a cause be present, nothing can be gained by thinking about it, to voluntarily banish it from his mind and proceed about his duties unembarrassed thereby, although this is his best way to cure or render as harmless as possible the trouble he has or imagines. The writer himself suffered for a long time from pains in the right chest, with short cough, and symptoms soon aggregated to these implying the presence of phthisis; these occasioned much mental trouble until in desperation he resolved to disregard them and firmly avoided paying attention thereto, from which time they gradually diminished. Probably many of us can remember similar instances, where various symptoms have led us to believe ourselves subjects of severe diseases, and where disregard to the sensations has removed all evidences of disorder. Kant mentions that he almost got to desire death in the condition to which he was brought by thinking about his narrow and flat chest which scarcely allowed room for the functions of his heart and lungs; but on considering that this feeling of oppression in the chest was only mechanical and could not be altered, he soon got to disregard it, and while there might be palpitation and panting in the chest, all was calm and cheerful in the head, and this philosopher lived to a ripe old age. Kant writes: "Even in real diseases we must separate the disease from the feeling of sickness. The latter generally much exceeds the former; indeed, one would not notice the

disease itself, which often consists of a locally deranged function of an unimportant region, were it not for the general unpleasant sensations and pains rendering us miserable. These sensations, however, this action of the disease on the system, are often for the most part under our control. A weak enervated spirit, with its increased sensitiveness, becomes completely prostrated; a stronger, more resolute one, resists and subdues these sensations.

Everyone allows that it is possible to entirely forget one's bodily troubles when anything occurs of a startling or pleasant nature, anything which conducts the mind from itself. Why, then, cannot one's own mental power bring the same result about by its own determined "effort"? He mentions cases in which he and others have done so, to which Hufeland adds, "It is incredible what a man can effect by the power of a determined will, even in his physical conditions, and similarly by hard necessity, which is often the cause of the exercise of this determined will Most striking is the power of the mind over infectious and epidemic diseases. It is a well-established experience that those are the least liable to be infected who have good humour, and do not fear or grieve over the disorder. But I am myself an example that an infection which has actually taken effect may be removed by cheerful mental excitement. In the year 1807, when a pestilential putrid fever was prevalent in Prussia, I had to treat many sufferers from the disease, and one morning on waking I felt all the symptoms of contagion, vertigo, stupefaction, a bruised sensation in the limbs, in fact all the prodromata which were known to frequently last several days before the real disease breaks out. But duty commanded; others were worse than I. I concluded to fulfil my duties as usual and at midday to attend a feast to which I was invited. Here I resigned myself entirely for a few hours to the pleasure and gaiety around me, drank intentionally more wine than I usually do, and returned home with an artificially produced fever, went to bed, perspired freely through the night, and was completely restored by next morning."

Often does the physician observe how the indiscriminately expressed sympathy of relatives and friends have a distinctly prejudicial effect on disease and the recovery therefrom, and an effeminate child or woman will often recover rapidly when sent among strangers. Dr. Weir Mitchell's successful treatment of hysteria and allied disorders consists in removing the patient from the surroundings where the malady is only reflected back on the patient, to place the individual under the influence of a strong-minded physician and a faithful nurse; the mental treatment being aided by massage and a very full diet. Often again is it noticed what ill-results may follow the informing persons abruptly that they are the subjects of heart-disease, phthisis, cancer, &c. How almost directly not only the mental and general but the local conditions also, seem to be influenced by the mental condition induced.

How the mind exerts these influences over the body is still matter for speculation. Dr. Carpenter states that there is important evidence that the direction of the attention changes the local action of the part, so that if habitually maintained it may produce important modifications in its nutrition. In this way it often happens that a real malady supervenes upon the fancied ailments of those in whom the want of healthful occupation for the mind leaves it free to dwell upon its own sensations, whilst, on the other hand, the strong expectation of benefit from a particular mode of treatment will often cure diseases that involve serious organic change. Darwin believes that mental attention to any part has some power to influence the capillary circulation in that part (as in blushing) and so secondarily to influence its condition or nutrition.

Literature abounds in assertions declaring

> "Nature too unkind,
> That made no medicine for a troubled mind."

but the instances are almost as numerous in which drugs have ascribed to them powers to alter mental conditions; and the same poet whose hero says: "Throw physic to the dogs, I'll none of it," because it cannot "pluck from the

memory a rooted sorrow" or "raze out the written troubles of the brain," instances in other places drugs which have the power to "minister to a mind diseased." In all ages we hear of medicines used as remedies in cases of purely mental disorders, and hellebore was in this repute among the Greeks. Seeing that we have drugs which, when taken in health, powerfully affect mental manifestations, there is not wanting a class of physicians who believe that various mental conditions may even at present be treated remedially by certain drugs. Whether the medicine acts directly on the parts of the nervous system concerned, or whether it corrects a state of the system which is the common cause of the prevailing mental condition and of some physical ailment, or whether it acts on some organic or functional disease, and so secondarily removes the associated mental condition, is debateable. The records of our large institutions for mental disease do not bear out the sanguine hopes of those who look for specific action of drugs upon mental conditions; but the writings of Dr. Hughlings Jackson, and a paper "On the Pathology of Mania" read at the section of psychology at the last meeting of the British Medical Association by Dr. Joseph Wiglesworth, are pregnant with suggestions for the therapeutics of mental affections. Dr. Wiglesworth points out that in the brain the last developed centres are the higher ones and control a number of lower centres of co-ordination through which the sensori-motor, ideo-motor, and other automatic reflexes take place. As being the latest developed, these highest nerve-centres are the least stable and the most likely to suffer from any cause acting on the nervous system. Mania, he points out, is therefore a functional or organic disorder of the higher co-ordinating cerebral plexus, that from which what we call intellect is derived. Deranged and lowered function of the higher centre allows the as yet undamaged next lower centres to escape to some extent from control and so to act incoherently and violently; the more the higher centres are deranged the more the lower reflex centres will escape from control and the severer will be the form of mania present. These reflections and recent researches in

cerebral disease, aided by vivisectional experiments, indicate the road along which we may expect to advance in the therapeutics of mental disorders. Pathological and physiological research of late years has indicated more and more the localisation of functions in portions of the cerebral cortex where these higher centres reside, and definite groups of mental symptoms will offer more hope for therapeutics if they can be shown to depend on the direct inhibition or stimulation of localised deranged portions of the higher centres in the cerebral cortex than when referred to infinitely varied functional derangements for which the entire organ is responsible. Scientists believe that some day we shall be able to arrange the numerous and complicated data regarding the physics of weather so as to prognosticate storms and other phenomena, and we need not entirely despair of tracing to their source, and so making a large step towards the treatment of, the varieties of purely mental phenomena presented in disease. We may hope that the various sensori-motor and ideo-motor manifestations in health and disease being proved under the direct control of separate portions of the cerebrum in which the higher intellectual and volitional powers arise, may some day enable us to differentiate in treatment between some of the mental and moral conditions present. Such distinction is at present visionary as regards the allopathic school, but they make use of similar drug action in other spheres of the body. Just as *Digitalis* affects the centres of the vagi, and its phenomenal effect on the heart is evidenced by the altered manifestations presented by the muscular structure of the organ due to the influence of the drug on the inhibitory action of these centres, transmitted by the vagi to the heart and influencing its automatic response to the stimulation of the fluid in its cavities on its muscular substance or irritation transmitted to the ganglionic cardiac centres, so may the particular mental symptom of part of the nervous system be influenced by the action of some agent on the portion of the cerebrum concerned in the direction of the conduct of those particular portions of the secreting organs of the mind concerned in the production of the deranged symptoms present.

Indifferent, however, to these theoretical considerations and undeterred by our ignorance of the physiological and pathological localisation of the finer mental changes and processes, the followers of Hahnemann make daily use of drugs for the treatment of mental conditions. Trusting, for the development of the power of the materia medica, to clinical experience and the provings of the actions of drugs on the healthy, rather than to vivisection and the poisoning of animals or even to pathological anatomy, homœopathy has a pharmacopœia in which many of the drugs are differentiated according to their special pathogenetic and therapeutic mental conditions. Hahnemann's rule for the art of medicine is found to apply to the class of mental disorders as to other classes of disease. Here also, "the greater the poison the greater the remedy," and the potent substances which cause such markedly distinct mental symptoms when taken as poisons or proved on the healthy, prove valuable remedies when similar mental conditions are present as morbid mental phenomena. This asserted influence of small doses of drugs upon purely mental conditions, though to homœopathists a reality, is a great stumbling-block to the allopath and to the recent convert to homœopathy, who finds it difficult to regard each variation from normal of the mental and moral characteristics of the individual as under the therapeutic influence of the various drugs recommended in such cases, especially as mental distinctions exercise no influence on the prescription in the regular school of practitioners; this difficulty becomes greater the finer the differentiation made between the shades of mental divergence from the normal. That a medicine such as *Belladonna* or *Hyoscyamus*, whose pathogenetic action on the circulation of the cerebrum is so marked, should have the therapeutic power these have over mania and delirium when due to hyperæmia of the cerebrum, or that *Aconite*, *Gelseminum*, *Veratrum* and others act in similar cases by their specific power on the sympathetic nervous system, is more readily received than that *Aurum* is the remedy for suicidal mental disorder, *Platina* for religious melancholy, *Mercury* for fretfulness, and so on. It may be that the result of our clinical

experiments favours the belief in the cerebral localisation of faculties, and that the elective affinity of various drugs for differentiated mental and moral conditions resolves itself into the specific action of these medicines on the various structurally distinct regions of those portions of the cortex of the cerebrum which regulate automatic actions of centres developmentally inferior, just as *Bryonia* has a specific action on the serous membranes and lungs or *Arsenic* on the skin and gastric mucous membranes. We are not at present in a position to say *how* our remedies act, but we can confidently point to our therapeutic rule, and *solvitur ambulando*.

HOMŒOPATHIC TREATMENT OF DIPHTHERIA IN BERLIN.

THE *Journal of the Berlin Homœopathic Society* for June, 1884, contains an article from the pen of Dr. Windelband on the results of the treatment of diphtheria in Berlin in 1883, by the homœopathic practitioners of that city. The Society had addressed an appeal to all the homœopathic practitioners of Germany to send the statistics of their treatment of this disease. But its appeal was not responded to by any physicians outside of Berlin and Potsdam. The statistics of the treatment of the Berlin and Potsdam homœopaths to the number of six are here given, and form a very instructive contribution to practical medicine. Each practitioner has adopted a different method in recording his cases, but this variety does not detract from the value of the records. We shall give them as succinctly as possible, omitting many of the remarks of the authors.

I. *Observations of Dr. Salzer.*

1. Boy, æt. 5, high fever, diphtheritic deposits on both sides. *Mer. cyan.* 3, *Apis* 3, alternately every ½ h. Cured. After 2 d. deposit gone.

2. Girl, 6. Ill for some days, older sister died; both hitherto treated by local allopathic applications. *Apis* 3, *Merc. cyan.* 3, and *Hepar* 3, every 20 m. Apparently hopeless case. Next day cough loose, but great dyspnœa. Following day, as breathing was worse, advised tracheotomy which was successfully performed at a neighbouring hospital.

3. Girl, 9 months old, well previous day, when seen moribund. Laryngeal stenosis very great, croupy cough. *Hep.* and *Spong.* Death in 2 h.

4. Girl, æt. 5. Diphtheria. *Merc. cyan.* 3 and *Apis* 3 every ½ h. Cured in 2 d.

5. Girl. Diphtheria with deposit on both sides. Same treatment. Cured. Deposit only removed after 4 d.

6. Girl, 9 months. Velum and uvula covered with thick deposit. Same treatment. Next day improvement, discharge from nose; day after, no more deposit, child lively till evening. At night sudden strong fever, cough, died next day.

7. Girl, 8. Scarlatina and diphtheria. Same treatment. Cured rapidly. Gargled with cognac.

8. Baby. Diphtheria. Same treatment. Cured quickly. After five days albuminuria. *Nat. sulph.* 6 every 3 h. Cured.

9. Boy, 2. Diphtheria, both sides. Same treatment. Cured quickly.

10. Woman, 25. Deposit on right side. Feels very ill. Same treatment. Cured in 2 d.

11. Boy. Scarlatina, lobster redness only on arms and legs, no trace of redness on body. Strong fever. Diphtheria, deposit both sides. Same treatment. Slow recovery, larynx became affected but stenosis not great. Sloughy, fetid state of membranes.

12. Boy, 4. Diphtheria with high fever. Same treatment. Deposit did not disappear till 6th day.

13. Girl, 8. Diphtheria. Same treatment. After 3 d. croup symptoms. *Hep.* 3 in alternation with the other medicines. After 3 more days no more deposit, croup still present, stenosis not great. *Hep.* 3 and *Spong.* 3 alternately. Rapid improvement, dismissed cured 10 d.

14. Girl, 5. Deposit on both sides, had been treated by local remedies. Same treatment. Cured in 3 d.

15. Boy, 9. Scrofulous; diphtheria. Same treatment. Cured in 5 d. Gargled with diluted cognac.

16. Girl, 3. Took the disease severely 8th March. Same treatment. 9th.—Urine highly albuminous. 10th.—Less albumen, deposit discoloured, fetid, teeth and lips covered with viscid brown slime. Nose stopped up with bloody purulent scabs; great prostration, hoarseness. *Hep.* 3 alternately with other medicines. 12th.—Croupy cough, considerable stenosis of larynx, drowsiness with constant anxious jactitation. 13th.—Deposit slight, teeth, lips, tongue covered with brown crust. Great dyspnœa, anxious jumping up. Instead of *Apis*, *Brom.* 3 and inhalations over warm water charged with *Bromine*. Cough then became loose, so much mucus collected in the night that the father gave an emetic of *Sulp. of Copper*. More albumen. 14th.—Breath still impeded, but cough sounds loose. Deposit very slight, fœtor of breath less. Looks more cheerful. 15th.—Very much better, breathes easier, cough sounds quite loose. Deposit gone. Teeth and lips clean. Cured.

17th. Girl, 9. Deposit on both sides, fever. *Merc. cy.* and *Apis* as above. Gargling with diluted cognac. Cured in 4 d.

18th. Female cook, 30. Been ill 3 days, feels very ill. Thick deposit. Same treatment. Cured in 2 d.

19. Girl, 5. Scarlatina and diphtheria. Same treatment. Bad case; cured in 8 d.

20. Boy, 5. Ill 3 days of diphtheria. Larynx implicated. Hitherto treated by local applications. Two brothers a few days previously died in 5 to 6 days under similar treatment. *Merc. cy.* and *Apis* as above. For 6 days not much improvement. Deposit not very extensive but a deep sloughing ulcer on left side of uvula and border of velum. *Ars.* 6 every hour. Next day throat looked much worse, ulcer seemed spreading. *Merc. cyan.* 10 every 2 h. Visible improvement which went on rapidly. Loss of voice remained long. Got *Phos.* 6. Later almost general paralysis. *Phos.* 6 was continued and the child was cured.

21. Girl, 4. Scarlatina and diphtheria. *Merc. cy.* 12 every 2 h. Cured in 3 d.

22. Girl, 6½. Ill for 5 d. Scarlatina and diphtheria. Till now topical applications. Very ill. All throat, palate, velum, uvula, and tonsils covered with dirty diphtheritic deposit. Right submaxillary gland as big as fist. Larynx implicated. Dyspnœa not great. *Merc. cy.* 10 every 2 h. In 6 d. all well. Gland suppurated. Later four or five more glands suppurated under use of *Merc. sol.* 3 and *Hep.* 3, and boils appeared on different parts of body. Cured.

23. Girl, 17. Diphtheria. *Merc. cy.* 10 every 2 h. Improvement slow. In 8 d. throat free. Chief seat, tonsils and posterior nares, whence a great quantity of pus escaped.

24. Girl, 18. Diphtheria. *Merc. cy.* 10 every 2 h. Cured in 4 d. Painful but not very swollen glands.

25. Girl. For 2 d. scarlatina and diphtheria. *Apis* 3 and *Merc. cy.* 3 alternately. Cured in a few days.

26. Boy, 14. Scarlatina and diphtheria. Very extensive deposit. Same treatment. In 4 d. no more deposit. Gargled with diluted cognac.

27. Girl, 7. Skin red in patches, white deposit in throat. *Merc. cy.* 10 every h. Next day better, deposit still great; on elbow, hand, and knee miliary rash. Cured in 3 d.

28. Same girl got scarlatina with intense redness all over body, high fever, throat red, no deposit. *Bell.* 3 every 2 h. In 2 d. throat covered with diphtheritic deposit, tongue thickly furred, lips chapped, great prostration. *Merc. cy.* 10 every 2 h. Improvement slow. After 6 d. deep sloughing ulcers on both sides of uvula. Larynx implicated, very hoarse, but no croupy sound in cough. After 5 more d. ulcers still present but less deep, free from slough. Very severe case. Cured.

29. Boy, 12. Diphtheria. *Merc. cy.* 10 every 3 h. Cured in 3 d.

30. Girl, 19. Diphtheria and scarlatina. Same treatment. Cured.

31. Boy. Diphtheria. *Merc. cy.* 9 every 2 h. Cured in 3 d.

32. Boy, 2. Ill 2 d. Breathing very oppressed, stenosis of larynx, croupy cough, great diphtheria of both tonsils. *Merc. cy.* 9 and *Hep.* 3 alternately. Warm compresses to larynx. Evening *Iod.* 5. Râles in lungs. Died 24 h. after being seen.

33. Boy, 5. Diphtheritic patches on tonsils. *Merc. cy.* 10 every 2 h. In 2 d. well, deposit gone. Two d. later, attack of croup, great dyspnœa, croupy cough. *Spong.* 200 and *Acon.* 200 (Jenichen) alternately every hour. Cough soon became loose and child cured.

34. Man, 20. Diphtheria of both tonsils, very painful inflammation. *Merc. cy.* 10 every 3 h. Cured in 3 d.

35. Boy, 3½. Scarlatina and diphtheria. Very ill. *Merc. cy.* every 2 h. Cured in 5 d.

36. Girl. Diphtheria. *Merc. cy.* 10 every 2 h. alternately with *Bell.* 3. In three d. no more deposit. Red patches on various parts, hæmorrhagic scarlatina patches on hands and arms. Great prostration. Died in 2 days more.

37. Woman. Diphtheria. Great deposit on left side. *Merc. cy.* 10 every 3 h. Cured in 3 d.

38. Boy, 9. Deposit on both sides, high fever. *Merc. cy.* 10 every 3 h. Cured in a few days.

39. Girl, 9. For 2 d. fever and ill feeling. Diphtheria. *Merc. cy.* 10 every 2 h. Cured in 3 d.

40. Girl, 7. For 8 d. diphtheria. Topical applications hitherto. Great deposit on both sides. *Merc. cy.* 10 every 3 h. Cured in 3 d.

41. Boy, 11. Ill since yesterday, weak, falls down on attempting to stand. Great deposit on r. tonsil. *Merc. cy.* 10 every 3 h. Cured in 3 d.

42. Girl. Ill 2 days. Diphtheria on tonsils and posterior nares. Same treatment. Cured in 2 d.

43. Girl, 6. Ill 10 days. Throat clean, but nose much affected, discharge of acrid pus, nostrils sore. *Merc. cy.* 10. Cured rapidly.

44. Girl, 4. Diphtheria. *Merc. cy.* 10 every 3 h. Rapid improvement. In 4 d. all right.

45. Boy, 6. Scarlatina and diphtheria. *Merc. cy.* 10 every 3 h. Cured quickly.

46. Girl, 18. Diphtheria. Same treatment. Cured quickly.

47. Woman, 25. Dirty deposit, great exhaustion and prostration. Same treatment. Cured in a few d.

48. Boy, 4¾. Scarlatina and diphtheria for 9 d. Topical applications hitherto. Deposit still great; very ill. Same treatment. Improvement steady but slow.

49. Girl 1½. For 4 d. diphtheria and scarlatina. Very ill, mucous râles in trachea. Hitherto only topical applications. *Merc. cy.* 10 and *Hep.* 3 alternately. Died 20 h. after being seen.

50. Girl, 4. Diphtheria. *Merc. cy.* 3 and *Apis* 3. Cured in 3 d. Gargling with diluted cognac.

51—65. Boy, 8; girl, 5; boy, 2; boy; man, 32; woman, 35; boy, 9; girl, 8; man, 26; girl, 8; man, 26; girl, 6; boy, 2; girl, 4; woman, 30; boy. All these were treated with *Merc. cy.* 10 and recovered in from 2 to 4 d., excepting the one aged 32, in whom the disease had existed for some days and in whom the right tonsil was extensively destroyed by sloughing. Ten days were required for the cure of this case.

66. Boy, 4. Diphtheria. Patient sickly, weak, big head, mentally undeveloped. *Merc. cy.* 10 every 3 h. After 3 d. going on well, deposit very small, feels pretty well. At noon there came on a rough barking cough and dyspnœa, and after two d. fully developed croup. In spite of *Hep.*, *Brom.*, and *Bromine* inhalations, died next day.

67. Boy, 6. Brother of above took ill the same day. Third day seemed better than his brother. Next day croup. Two d. later died.

68. Girl, 5. Taken ill on 21st October, treated allopathically. 25th.—Thick deposit, fully developed croup, dyspnœa. *Merc. cy.* 3 and *Hep.* 3 alternately. 26th.—No improvement, *Bromine* inhalations. 27th.—Very ill. *Iod.* 4 and *Hep.* alternately. Cough became looser, but very bad in evening. Mother gave one tablespoonful of turpentine

and vomiting not ensuing, tobacco infused in milk was given, which was followed by violent vomiting. 28th.—Breathing much freer, deposit still extensive. *Iod.* 4 and *Merc. cyan.* 3 every h. alternately. Steady improvement. Hoarseness continued long.

69. Boy, 9. High fever, great deposit on both sides. *Merc. cy.* 3 every h. Immediate improvement. Cured in 2 d.

70. Boy, 9. Diphtheria. *Merc. cy.* 3. Cured in 3 d.

71. Girl, 8. Great diphtheritic deposit on both tonsils. *Merc. cy.* 3 and *Apis* 3 every h. Cured in 3 d.

72—76.—Girl, 6; boy, 9; boy, 5½; boy, 8; boy, 5. All treated with *Merc. cy.* 3 and *Apis* 3 alternately. All recovered.

77. Girl, 5. Very thick deposit. *Merc. cy.* 10 every 3 h. Improved till fifth d. Then larynx implicated. *Hep.* 3 followed by *Iod.* 4. Dyspnœa improved, cough became loose, breathing free. Two d. later, great weakness, pulse and heart weak. Died two d. afterwards of paralysis of heart.

78. Boy, 6. For several days has had severe diphtheria and great stenosis of larynx. Domestic remedies employed till now. *Merc. cy.* 3 and *Iod.* 4 every h. alternately. In 2 d. slight improvement. Breathing freer. Heard no more of this patient.

79. Man, 30. Solution of *Carbolic acid* as a gargle and port wine. Grew worse. When seen, could speak with difficulty. Tonsils much swollen, extensive phlegmonous inflammation of whole velum on both sides dirty, lardaceous, fetid deposit. Very ill. *Merc. cy.* 3 and *Apis* 3 every 20 m. alternately. By noon considerably improved. Cure slow but steady. On fourth d. could get up. Deep sloughs on both tonsils which healed well.

II. *Observations of Dr. Burkhard.*

1. Woman, 24. Deposit on both tonsils, not very great. *Merc. cor.* 3. Cured in 3 d.

2. Woman, 30. On both sides thick deposit. *Apis* 3 and *Merc. cor.* 3, alternately. Cured in 6 d.

3. Boy, 9. Great deposit on both tonsils, much fœtor. Same treatment. Cured in 6 d.

4. Infant. Slight diphtheria. *Merc. cor.* 3. Cured in 3 d.

5. Child, 3. Severe ichorous form. *Apis* and *Merc. cor.* every hour alternately. Cured 8 d.

6. Infant. Slight diphtheria. *Merc. cor.* 3. Cured in 3 d.

7. Girl. Slight fever. *Apis* 3. Cured in 4 d.

8. Boy, 6. Deposit, barking cough. *Merc. cy.* 4 and *Bell.* 3 every h. alternately. Cured.

9. Woman. Slight diphtheria. *Merc. cor.* 3. Cured in 5 d.

10. Child, 7. Slight diphtheria. *Apis* and *Merc. cy.* Cured in a few days.

11. Child. Slight. *Merc. sol.* 3. Cured in 3 d.

12. Child, 6. Ditto.

13. Child. Deposit on both tonsils. *Merc. cy.* and *Apis.* Cured in 5 d.

14. Child. Severe sloughing form. Pulse weak. *Ars.* 4. In 3 days no improvement. Transferred to allopathic treatment.

15. Servant girl. Slight fever. *Merc. cy.* and *Apis.* Cured.

16. Woman. Slight form. Same treatment. Cured.

17. Woman. Ditto.

18. Woman. Severe form. Same treatment. Cured in 5 d.

19. Child. Slight form. Same treatment. Cured in 5 d.

20. Child, 7. Great deposit. Same treatment. Cured in 4 d.

21. Girl, 9. Slight deposit on both tonsils. Same treatment. Cured in 2 d.

22. Child. Slight form. Same treatment. Cured.

23. Boy, 9. Deposit on both tonsils. Same treatment. In 3 d. deposit gone. Remaining severe inflammation with mucous secretion. Cured by *Hep.* 3.

24. Woman. Slight form. *Merc. cy.* 5 and *Hep.* 3 every h. alt. Not seen again.

25. Child, 5. Great deposit. *Merc. cy.* and *Apis.* Cured in 9 d.

26. Boy, 6. Considerable deposit. Same treatment. Cured in 4 d.

27. Servant girl. Same treatment. Cured.

28. Boy, 5. Great deposit on both tonsils. Same treatment. Cured in 5 d.

29. Woman. Great inflammation of all mucous membrane of fauces, thick deposit on both tonsils. Same treatment. Cured in 6 d.

30. Child. Severe diphtheria. *Merc. cy.* 3 every h. Cured in 4 d.

31. Boy, 6. Croupous form, hoarseness, dyspnœa, fœtor, high fever. *Merc. cy.* 3 and *Brom.* every h. alternately. Cured in 5 d.

32. Woman. Thick deposit on both tonsils. *Apis* and *Merc. cy.* Cured in 5 d.

33. Child. Severe diphtheria of all faucial mucous membrane. Same treatment. Next day no better, went to allopathy.

34. Child, 3. Slight form. *Merc. cy.* and *Apis.* Cured in 4 d.

35. Woman. Great deposit on one side. Same treatment. Cured.

36. Child, 6. Slight form. Same treatment. Cured in 4 d.

37. Child, 2. Ditto.

38. Child, 6. Ditto.

39. Boy, 9. Severe diphtheria with scarlatina. *Merc. cy.* 3 and *Bell.* 3 every h. alternately. Cured in 8 d.

40. Child, 6. Severe ichorous diphtheria. On third d. croup. At first *Ars.* 3 and *Merc. cy.* 3. Later *Hep.* and *Brom.* No improvement. On account of suffocative symptoms, tracheotomy. Died on fourth d.

41. Infant, 2 m. Ichorous form. *Merc. cy.* 3. Died in 4 d.

42. Child. Slight form. *Merc. cy.* and *Apis.* Cured in 5 d.

43. Child, 5. Ditto.

44. Woman. Great deposit. Same treatment. Cured in 6 d.

45. Child, 9. Diphtheria in fauces not great, no croup but threatened paralysis of heart, pulse scarcely perceptible. Given up by allopathic attendant. *Merc. cy.* 3 and *Ars.* 3 every h. alternately. Cured in 10 d.

46. Girl, 7. Considerable deposit with scarlatina. *Apis* and *Merc. cy.* Cured in 14 d.

47. Boy, 2. Ditto. Cured.

48. Boy, 4. Severe ichorous form. Same treatment. On fourth day croup. *Merc. cy.* and *Brom.*, afterwards *Hep.* Cured in 12 d.

49. Child. Slight form. *Apis* and *Merc. cy.* Cured in 3 d.

50. Boy, 9. Deposit on both sides. Same treatment. Cured in 9 d.

51. Child, 6. Deposit on both sides, great hoarseness, but no croupy cough and no dyspnœa. *Merc. cy.* 3 and *Hep.* 3 every h. alternately. Cured in 6 d.

52. Girl, 4. Slight form. *Apis* and *Merc. cy.* Cured in 5 d.

53. Woman. Deposit on both tonsils. Same treatment. Later *Merc. cy.* 3 and *Hep.* 3. Cured in 4 d.

54. Boy, 5. Slight. *Apis* and *Merc. cy.* Cured in 4 d.

55. Woman. Deposit on both tonsils, very violent inflammation of mucous membrane. *Merc. cy.* 3 and *Hep.* 3. Cured in 6 d.

56. Child. Deposit on both tonsils. *Apis* and *Merc. cy.* Cured in 4 d.

57. Boy, 7. Slight case. Same treatment. Cured.

58. Woman. *Merc. cy.* 3. Cured.

59. Child. Severe ichorous form. *Ars.* 4 and *Merc. cy.* 3. Cured in 3 d.

60. Child, 4. Severe diphtheria with scarlatina. Extreme hoarseness, some dyspnœa. Fever with high temperature. At first, *Merc. cy.* and *Bell.* alternately, later,

Hep. 3 and *Brom.* 3. Diphtheria cured in 14 d. Otitis med. with perforation of drum-head.

61. Boy, 3. Deposit on both tonsils. *Apis* and *Merc. cy.* Cured in 6 d.

62. Boy, 3. Great deposit on both sides. Scarlatina. Same treatment. Cured in 10 d.

63. Girl, 2. Ditto. Cured in 6 d.

64. Girl, 3. Ditto.

65. Boy, 4. Ditto.

66. Child, 2. Slight form. *Apis* and *Merc. cy.* Cured in 2 d.

67. Boy, 4. Slight. Same treatment. Cured in 19 d.

68. Man. Deposit on both tonsils. Same treatment. Cured in 4 d.

69. Child. Ditto.

70. Woman. Ditto.

71. Boy, 5. Both tonsils thickly coated, but not ichorous. *Merc. cy.* and *Apis.* On 4th d. hoarseness. *Hep.* 3. Evening worse, dyspnœa, *Brom.* Died in night. Child ill-developed and deformed.

72. Child. Slight form. *Apis* and *Merc. cy.* Cured in 3 d.

73. Boy, 7. Severe ichorous form. No croup. *Ars.* 4 and *Merc. cy.* 3. Died 6 d.

74. Child, 3. Ichorous form. *Apis* and *Merc. cy.* Cured in 8 d.

75. Girl. Slight form. Same treatment. Cured.

76. Child, 1½. Deposit on both tonsils. Same treatment. Cured.

77. Man. Thick, grey deposit on whole pharynx. *Apis* 3 and *Merc. sol.* 3. Cured in 8 d.

78. Boy. Ichorous form. *Apis* 4 and *Merc. cy.* 3. Pharynx was getting better when 3rd d. croup appeared. *Hep.* and *Brom.* No effect. Died next d.

79. Boy, 5. Slight. *Apis* and *Merc. cy.* Cured in a few d.

80. Girl. Thick deposit on both sides, fetid. Same treatment. Cured in 8 d.

81. Boy, 3. Ditto.

82. Girl. Slight. Same treatment. Cured in 8 d.

83. Boy. Deposit on both sides. Same treatment. Cured in 9 d.

84. Boy. Slight. Same treatment. Cured in a few d.

85. Girl. 4. Great deposit on both tonsils. *Merc. cy.* 3 every h. Cured.

86. Boy. Ditto.

87. Girl, 6. Pretty severe diphtheria with scarlatina. *Merc. cy.* 3 and *Bell.* 3. Cured of diphtheria in 8 d.

88. Girl, 2. Ichorous form with scarlatina. *Ars.* 4 and *Merc. cy.* 3. Diphtheria cured in 8 d.

89. Girl, 5. Deposit on both tonsils. *Apis* and *Merc. cy.* Cured in a few d.

90. Boy, 4. Ditto.

91. Girl, 1. Ditto.

III. *Observations of Dr. Kleinschmidt.*

Treated 22 cases; 13 children, 9 adults. Five were complicated with scarlatina, 1 with croup. One of those with scarlatina complication died, as did the croup case, to which he was called late, after the croup had been present several days. Both deaths occurred the day after first seen. The other simple diphtheria patients recovered in from 3 to 6 d. A few lingered on to second week. In 10 cases *Apis* 3x and *Merc. cy.* 3x were given every ½—1 h. alternately, aided by warm poultices and gargles of diluted alcohol. In 2 *Apis* 15 was given every 2 h. with good effect, in the others *Merc. cy.* 4x—6x; these were cured rapidly, generally in 4 d. A trial of *Merc. cy.* 15 was not so satisfactory. The general state improved quickly, but the deposit lasted beyond the usual time, and a slight paralysis of velum remained.

IV. *Observations of Dr. Fischer.*

1. Girl, 10. 3rd July.—No app., moderate fever, diphth.; deposit on r. tonsil size of a shilling, dirty greenish-grey;

on l. tonsil whitish deposit size of a lentil. *Apis* 3 every 2 h. 4th.—Partial loss of deposit on r. side, l. size of a bean. Rep. med. Some app., fever less. 6th.—Deposit on r. side reduced to two spots size of pins' heads; l. tonsil large, dirty green deposit extending backwards and downwards. Rep. med. 7th.—R. side deposit gone; l. side two patches size of lentil; uvula swollen, blood red, size of a cherry; violent pain in neck. Rep. med. 9th.—All deposit gone, uvula nearly normal, wants to get up. 11th.—Well, out walking.

2. Boy, 16. 28th Oct.—Evening, all fauces red, swallowing difficult; l. tonsil with yellow patch. *Apis* 3. 29th.—All l. tonsil covered with dirty green deposit; r. tonsil with a patch the size of a bean below. Continue med. 30th.—Same state. 31st.—All deposit gone from r. tonsil; l. tonsil below and above dirty yellow. 3rd Nov.—All cured.

3. Girl, 7½. Since 13th December suffering from diphth. and treated allopathically with decoction of *Bark, Ferr. sesquichlor., Carbolic acid, Lime water*, &c. 17th.—Uvula, velum, tonsils covered with dirty lardaceous deposit, horribly fetid. *Apis* 3 every h. 18th.—All deposit gone except on a small spot on r. side of uvula, whence a long dirty grey piece hangs. ½ h. after second dose, small sweat beads appeared on forehead, then copious perspiration and general improvement. 19th.—All deposit gone, but all m.m. intense red. *Apis* 3. 20th.—Redness nearly gone, patient gets up.

4, 5, 6, 7, 8. Mother and four children, girl, 4; girl, 9; boy, 5; girl, 6. Took ill from 24th December at intervals of several days, severe diphtheria; all uvula, velum, l. tonsil with thick grey lardaceous deposit. On 27th Dec., evening, the boy had some epistaxis that lasted till following noon and brought him very low. Jan. 3rd.—All deposit gone, slight redness of fauces. 4th.—10 p.m. became cold in bed and was dead in a few minutes. All the others recovered.

V. *Observations of Dr. Traeger, of Potsdam.*

No.	Name.	Age.	Complications.	Medicine.	Duration. Days.	Remarks.
1	H. F.	10	...	Merc. cyan. 5	6	Cured.
2	F. D.	6	...	Do.	4	Cured.
3	F. S.	3	Laryngeal diphth.	Do.	3	Went to other treatment; result unknown.
4	F. D.	5	...	Do.	2	Cured.
5	E. L.	6	...	Do.	5	Cured.
6	J. M.	3	...	Do.	2	Went to other treatment.
7	F. S.	4	...	Do.	6	Cured.
8	F. P.	8	...	Do.	4	Cured.
9	R. H.	7	...	Do.	4	Cured.
10	R. S.	7	...	Do.	3	Cured.
11	R. T.	65	...	Do.	6	Cured.
12	A. S.	34	...	Do.	3	Cured.
13	O. F.	12	...	Do.	3	Cured.
14	F. M.	4	...	Do.	6	Cured.
15	E. W.	6	Laryngeal diphth.	Merc. cyan. 5, 4 d.; hep. 3, brom. 3, 1 d.; ars. 4, 1 d.	6	Died.
16	L. F.	16	...	Merc. cyan. 5	3	Cured.
17	E. L.	44	...	Do.	3	Cured.
18	E. H.	5	...	Do.	3	Cured.
19	H. R.	18	...	Do.	3	Cured.
20	F. K.	5	...	Do.	3	Cured.
21	L. W.	21	...	Do.	3	Cured.
22	Mrs. H.	44	...	Do.	3	Cured.
23	E. H.	5	...	Do.	4	Cured.
24	A. S.	16	...	Do.	3	Cured.
25	M. K.	4	...	Do.	4	Cured.
26	C. P.	17	...	Do.	3	Cured.
27	A. E.	4	...	Do.	4	Cured.
28	A. S.	11	...	Do.	5	Cured.
29	R. S.	3	...	Do.	3	Cured.
30	H. N.	30	...	Do.	3	Cured.
31	O. K.	12	...	Do.	6	Cured.
32	H. S.	7	...	Do.	3	Cured.
33	F. S.	18	...	Do.	4	Cured.
34	C. H.	3	...	Do.	1	Went to other treatment.
35	L. N.	18	...	Do.	3	Cured.
36	H. L.	32	...	Do.	4	Cured.
37	G. K.	7	...	Do.	3	Cured.
38	G. B.	4	...	Do.	4	Cured.
39	H. B.	3	...	Do.	4	Cured.
40	F. K.	30	...	Do.	5	Cured.
41	G. B.	4	...	Do.	2	Cured.
42	H. M.	5	...	Do.	3	Cured.
43	F. B.	8	...	Do.	3	Cured.
44	F. M.	28	...	Do.	4	Cured.
45	W.	65	...	Do.	3	Cured.

No.	Name.	Age.	Complications.	Medicine.	Duration. Days.	Remarks.
46	D. H.	3	...	Merc. cyan. 5	4	Cured.
47	C. F.	10	Croup	Merc. cyan. 5, 5 d.; brom. 2, 2 d.	8	Died.
48	F. B.	22	...	Merc. cyan. 5	2	Cured.
49	H. R.	8	...	Do.	3	Cured.
50	B. H.	2	...	Do.	3	Cured.
51	F. T.	30	...	Do.	3	Cured.
52	M. H.	3	...	Do.	3	Cured.
53	H. K.	5	...	Do.	3	Cured.
54	B. G.	4	Croup	Merc. cyan. 5, 4 d.; brom. 2, 2 d.	5	Died.
55	H. B.	6	Croup	Hep., merc. cyan.	9	Cured.
56	H. D.	10	...	Merc. cyan. 5	2	Cured.
57	H. K.	4	Croup	Merc. cyan. 4	5	Died.
58	R. S.	7	...	Merc. cyan. 5	2	Went to other treatment.
59	K. B.	5	...	Do.	4	Cured.
60	G. W.	6	...	Do.	2	Cured.
61	E. S.	3	Croup	Do.	3	Tracheotomy under other treatment.
62	Miss K.	20	...	Do.	3	Cured.
63	Mrs. L.	30	...	Do.	3	Cured.
64	F. S.	17	...	Do.	3	Cured.
65	Mrs. R.	35	...	Do.	3	Cured.
66	M. H.	14	...	Merc. cyan. 5, 1 d.; brom. 3, 3 d.; merc. cyan., 3 d.	7	Cured.
67	B. H.	9	...	Merc. cyan. 5	6	Went to other treatment.
68	C. B.	12	Scarlatina	Merc. cyan., 2 d.; bell. 2	2	Cured.
69	O. B.	12	...	Merc. cyan. 5	3	Cured.
70	L. G.	5	...	Do.	5	Cured.
71	E. H.	8	...	Do.	4	Cured.
72	F. R.	55	...	Do.	2	Cured.

VI. *Observations of Dr. Windelband.*

No.	Sex.	Age.	Complications.	Medicine.	Duration. Days.	Remarks.
1	F.	2	...	Apis 3, merc. bicyan. 3	8	1. Severe case; high temp.; very ill; great glandular swellings. Aft. 10 d. of perfect health a severe relapse, which ended favourably in 5 d. Cured. All these children belong to the same family. They sickened one after the other with a few days' interval. The other 5 cases were slight. All recovered.
2	F.	9	...	Do.	4	
3	F.	7	...	Do.	4	
4	M.	6	...	Do.	3	
5	F.	4	...	Do.	5	
6	M.	3	...	Do.	4	
7	F.	5	...	Do.	5	Sisters; pretty severe cases.
8	F.	2½	...	Do.	6	Both recovered.
9	F.	2	Scarlatina	Do.	5	Recovered.
10	F.	32	...	Do.	5	Very ill; high fever; glandular swellings.
11	M.	16	...	Do.	3	Slight. Recovered.
12	M.	3	Croup and pneumonia	Merc. bicy. 3, iod. 3, brom. 2, hep. 2	2	Came under treatment 4 d. aft. allop. treatment, with highly-developed croup, laryngitis, and r. pneumonia. Had had very violent emetics; was much reduced in strength. Died.
13	F.	9	...	Apis 3, merc. bicy. 3	6	Severe. Deposit slate-grey, fetid; great weakness and severe epistaxis. Recovered.
14	F.	4	...	Do.	4	Moderate. Recovered.
15	M.	32	...	Do.	5	Do. do.
16	F.	31	...	Do.	4	Slight. Recovered.
17	F.	52	...	Merc. bicy. 3, bell. 1	4	Do. do.
18	F.	4	...	Apis 3, merc. bicy. 3	3	Sister of 13; affected 10 d. later. Recovered.
19	M.	9	...	Do.	6	Seen 3rd d. of illness; severe. Recovered.
20	M.	4	...	Do., and hep. 3	7	Brother of 19; affected 8 d. later; severe. Recovered.
21	M.	7	Otitis media	Apis 3, merc. bicy. 3	5	The diphth. moderate and soon passed off; afterwards swelling of submaxillary gland and otitis media with rupture of drumhead; got well under hep. in 10 d. with hearing unimpaired. Recovered.
22	M.	2½	Scarlatina and parotitis	Do.	4	Dipht. severe but short; immense paro. and swelling of submax. glands going on to suppuration; hep. cured in 14 d. Recovered.

No.	Sex.	Age.	Complications.	Medicine.	Duration. Days.	Remarks.
23	M.	9	...	Apis 3, merc. bicy. 3	3	Slight. Recovered.
24	F.	9	...	Do.	4	Relapse of Case 2. Had been going to school for 2½ w. after first attack. Recovered.
25	F.	44	...	Do.	3	Slight. Recovered.
26	M.	7	...	Do.	4	Do. do.
27	M.	8	...	Do.	4	Brothers of 13; took ill 14 d. after; slight. Recovered.
28	M.	6	...	Do.	5	
29	M.	1¾	Meningitis	Do., and zinc o. 2, and bell. 2	8	Brother of 1—6; sickly; scrofulous; rickety. Died.
30	F.	38	...	Apis 3, merc. bicy. 3	5	Mother of 21; severe; high fever; slate-grey deposit; great fœtor; very ill. Recovered.
31	M.	2	...	Do.	4	Slight. Recovered.
32	F.	2½	Laryngitis	Aft. apis, m. bicy., iod. and hyos.	7	High fever; severe case; violent; rough hoarse cough; no dyspnœa; much vomiting at first; croup. Recovered.
33	F.	23	...	M. bicy. 3, apis 3	4	Servant to 30; took ill a week later; slight. Recovered.
34	M.	34	...	Do.	4	Father of 12; took ill a week later; slight. Recovered.
35	M.	6	...	Do.	4	Relapse of 4 after 4 weeks; slight. Recovered.
36	F.	5	...	Do.	5	Sister of 21; took ill 14 d. later; slight. Recovered.
37	M.	7	...	Do.	4	Brother of 32; took ill 14 d. later; slight. Recovered.
38	M.	6	...	Do.	3	Relapses of 4, 2, 5 after 2 m.; moderate severity. Recovered.
39	F.	9	...	Do.	4	
40	F.	4	...	Do.	3	
41	F.	9	...	Do.	5	Brother and sister; took ill at same time; epistaxis; thick greenish-grey deposit; fœtor; high fever. Recovered.
42	M.	7	...	Do.	4	
43	F.	30	...	Do.	4	Mild. Recovered.
44	F.	15	...	Do.	5	Do. do.
45	M.	11	...	Do.	4	Do. do.
46	F.	13	...	Do.	5	Sister of 45; took ill 3 d. later; mild. Recovered.
47	F.	8	...	Do.	4	Mild. Recovered.
48	M.	3	...	Do.	5	Do. do.
49	M.	7	...	Do.	4	Do. do.
50	M.	4	...	Do.	5	Brother of 49; severe. Recovered.
51	F.	41	...	Do.	4	Mild. Recovered.

No.	Sex.	Age.	Complications.	Medicine.	Duration. Days.	Remarks.
52	F.	5	...	M. bicy. 3, apis 3	4	Mild. Recovered.
53	M.	7	...	Do.	5	Moderate severity. Recovered.
54	F.	21	...	Do.	6	Severe case; very ill; slate-coloured fetid deposit; high fever; enormous glandular swelling. Recovered.
55	F.	42	...	Do.	5	Very ill; high fever; great glandular swelling. Recovered.
56	F.	18	...	Do.	4	Servant of 52; already ill 5 d.; mild. Recovered.
57	F.	20	...	Do.	3	Mild. Recovered.
58	M.	15	...	Do.	4	All of one family; took ill at same time; 58 and 60 mild; 59 severe; high fever; putrid fetid deposit; very ill. All recovered.
59	F.	40	...	Do.	6	
60	F.	8	...	Do.	3	
61	M.	3	...	Do.	4	Relapse of 48 after 15 d.; began severely. Recovered.
62	F.	5	...	First apis 3, and m. bicy. 3, then ars. 3	8	Severe; on 4th d. high fever; dirty, fetid, slate-coloured deposit; very weak; syncope; weak heart; threatened collapse. Recovered.
63	F.	5	...	Apis 3, m. bicy. 3	4	Mild. Recovered.
64	M.	42	...	Do.	4	Do. ... do.
65	M.	6	...	Do.	5	Son of 64; took ill 9 d. later; mild. Recovered.
66	M.	6	...	Do.	5	Though very ill at first, mild. Recovered.
67	M.	4	...	Do.	4	Son of 64; took ill 10 d. later; mild. Recovered.
68	F.	26	...	Bel. 1, m. bicy. 3	5	Violent commencement; great redness of fauces; high fever; fetid deposit; otherwise mild. Recovered.
69	M.	27	...	Apis 3, m. bicy. 3	4	Mild. Recovered.
70	M.	32	...	Do.	5	Do. do.
71	M.	3	...	Do.	4	Son of 70; took ill 5 d. later. Recovered.
72	M.	42	...	Do.	3	Relapses of 64, 65, and 67 aft. 14 d.; mild. Recovered.
74	M.	6	...	Do.	4	
75	M.	4	...	Do.	4	
76	F.	7	...	Do.	6	Severe; violent vomiting; great redness; slate-grey deposit; long-continued fever. Recovered.
77	M.	43	...	Do.	5	Mild notwithstanding great debility. Recovered.

No.	Sex.	Age.	Complications.	Medicine.	Duration. Days.	Remarks.
78	M.	42	...	Apis 3, m. bicy. 3	5	Severe; high fever; great fœtor and glandular swellings. Recovered.
79	M.	8	...	Do.	4	Mild. Recovered.
80	F.	3	...	Do.	5	Severe; sister of 76; took ill 8 d. later. Recovered.
81	F.	10	...	Do.	4	Middling severity; since her 5th year I treated her 23 times for diphth., sometimes very severe, once complicated with scarlatina; some years 5—6 times; mild. Recovered.
82	M.	8	...	Do.	4	Mild. Recovered.
83	M.	8	...	Do.	8	Severe; relapse of 79 aft. 3 w. with long-continued high fever; great glandular swellings; fœtor; dirty slate-coloured deposit. Recovered.
84	M.	42	...	Do.	4	3rd relapse of 64 aft. 6 w. Recovered.
85	M.	6	Scarlatina	Do.	5	Very ill; severe local symptoms. Recovered.
86	F.	37	...	Do.	6	Long-continued fever, but mild. Recovered.
87	F.	3½	...	Do.	4	My own daughter; at first high fever, mild. Recovered.
88	F.	9	...	Do.	5	Mild; on 4th d. violent epistaxis. Recovered.
89	F.	5	...	Do.	5	Severe; very fetid; greyish-green deposit; high fever; mild. Recovered.
90	F.	9	...	Bel. 1, m. bicy. 3	6	Sister of 89; took ill 3 d. later; very ill; high fever; deep redness of fauces. Recovered.
91	F.	23	...	Apis 3, m. bicy. 3	4	Mild. Recovered.
92	M.	62	...	Do.	8	Severe. Recovered.
93	M.	10	...	Do.	4	Mild. Recovered.
94	F.	4½	...	Do.	8	Severe; high fever; great glandular swellings. Recovered.
95	F.	3	...	Do.	7	Sister of 94; severe; high fever. Recovered.

No.	Sex.	Age.	Complications.	Medicine.	Duration. Days.	Remarks.
96	F.	4	...	Apis 3, m. bicy. 3	7	High fever; great redness of fauces; first 2 d. no deposit, then apparently only follicular deposit, which soon became confluent, and with great general illness; fœtor and high fever; deposit thrown off. Recovered.
97	F.	30	...	Do.	4	High fever. Recovered.
98	F.	7	...	Do.	5	Middling severity. Recovered.
99	M.	23	...	Do.	4	Mild. Recovered.
100	F.	9	...	Do.	6	High fever; very ill; severe case. Recovered.
101	M.	8	...	Do.	3	Mild. do.
102	F.	9	...	Do.	6	Very ill; high fever; slaty-grey deposit all over fauces; aft. 3 d, fever left; deposit gradually thrown off; great glandular swellings. Recovered.
103	F.	44	...	Do.	4	Mild. Recovered.
104	M.	10	Scarlatina	Bel. 1, m. bicy. 3	5	Diphth. severe; for 4 first d. high fever; rash on 3rd d. Slow recovery.
105	F.	8	Do.	Do.	6	Sister of 104; took ill 14 d. later; course similar. Recovered.
106	F.	8	...	Apis 3, m. bicy. 3	5	At first high fever and great general illness; aft. 3 d. felt well; deposit gone on 5th d. Recovered.
107	M.	4	Scarlatina	Do.	6	Bad case; ichorous, fetid, slate-coloured deposit; after 6 d. diphth. symptoms disappeared. Recovered.
108	M.	3	Croup and pneumonia	Apis 3, m. bicy. 3, iod. 3, brom. 2, ars. 3	7	Severe; all fauces covered with lardaceous, green, fetid deposit; on first 2 d. high fever; 4th d. rough croupy cough, and rapid development of croup; 5th d. pneumonia of r. lung, without dyspnœa; paralysis of heart on 7th d. Died.
109	M.	5	Do.	M. bicy. 3, iod. 2, brom. 3, hep. 2	2	Seen first on 3rd or 4th d. of disease, when croup was already highly developed; on 1st d. infiltration of both lungs. Died.

No.	Sex.	Age.	Complications.	Medicine.	Duration. Days.	Remarks.
110	M.	9	...	Apis 3, m. bicy. 2, ars. 3, ferr. ses. 1	6	Brothers of 109; took ill 3 d. later; both severe; high fever; fetid, slate-grey deposit; violent epistaxis in 110; required strong doses of ferr. sesquichl., and afterwards on account of weakness of heart, ars. Both recovered.
111	M.	7	...		10	
112	F.	4	Croup, nephritis, pneumonia	Apis 3, m. bicy. 3, m. iod. fl. 2, brom. 2, hep. 2	7	High fever from commencement; first 3 d. gradual disappearance of grey-green, fetid deposit; 3rd d., evening, first symptoms of croup; sent to hosp. 5th d., where she died on 7th d. with signs of pneumonia and nephritis.
113	M.	40	...	Apis 3, m. bicy. 3	5	Great glandular swelling and considerable fever that abated 3rd d. Recovered.
114	M.	7	...	Do. and ars. 3	2	Very ill from the first; son of 113; took ill 14 d. later; slaty-grey, fetid deposit; great weakness of heart. Died 2nd d.
115	M.	3	Croup	Apis 3, m. bicy. 3. brom. 2, hep. 2	7	High fever from beginning; 3rd d. croup with frequent attacks of dyspnœa; 2nd d. of croup, cough began to get loose. Recovered.
116	M.	2½	Croup	Apis 3, m. bicy. 3, iod. 3, hep. 2	4	High fever; grey-green, fetid deposit; 2nd d. croup symptoms, with symptoms of stenosis. Recovered.
117	M.	16	...	Apis 3, m. bicy. 3	4	Mild. Recovered.
118	F.	9	...	Do.	5	Sister of 116; much more severe. Recovered.
119	F.	22	...	Do.	4	Mild. Recovered.
120	M.	7½	Croup	Apis 3, m. bicy. 3, iod. 3, hep. 2	5	High fever and moderate greyish-green deposit; 3rd d. rough croupy cough, followed by suffocative fits, during which tubular casts were ejected. Recovered.
121	M.	4½	...	Apis 3, m. bicy. 3	8	Severe, high fever; great glandular swelling; threatened croup, which went off after a few doses of iod., and appeared as laryngitis; slow course. Recovered.
122	M.	6½	...	Do. and ars. 3	6	Slight, but with great palpitation and fits of anxiety. Recovered.

No.	Sex.	Age.	Complications.	Medicine.	Duration. Days.	Remarks.
123	M.	5	...	Apis 3, m. bicy. 3, and ars. 3	7	Brother of 121 and 122; took ill 2 d. after 122; severe high fever; glandular swellings; heart symptoms; anxiety; threatened collapse; wine in plenty. Recovered.
124	M.	8	...	Apis 3, m. bicy. 3	4	Mild, except swellings of glands, one of which suppurated. Recovered.
125	F.	5	...	Do.	5	Sister of 124; took ill 3 d. later; high fever, that declined 2nd day; mild. Recovered.
126	F.	2	...	Do.	4	Great glandular swelling; strong fever; grey-green deposit; nose stopped up; mild. Recovered.
127	F.	34	...	Do.	5	High fever; mild. Recovered.
128	F.	38	...	Do.	4	Mild. Recovered.
129	M.	7	...	Do.	3	Do. do.
130	M.	7½	Scarlatina	Do. and ars. 3	5	Severe; high fever; grey-green deposit, very fetid; after 3 d. decline of fever, but marked weakness of heart, which was relieved. Same case as 129. 1st attack, April; 2nd, October. Recovered.
131	F.	42	...	Apis 3, m. bicy. 3	4	Mild. Recovered.
132	F.	41	Pneumonia	Do.	6	High fever; on 10th d. during convalescence pneumonia came on, and had a very slow course. Recovered.
133	F.	22	...	Do.	5	All one family; mild. Recovered.
134	M.	14	...	Do.	4	
135	F.	11	...	Do.	5	
136	F.	16	...	Do.	4	
137	M.	42	...	Do.	6	
138	F.	7	...	Do.	4	Mild. Recovered.
139	F.	2	...	Do.	5	One family; the 2 last took ill 2 d. after first; mild. Recovered.
140	M.	3½	...	Do.	4	
141	M.	5	...	Do.	6	
142	F.	9	...	Do.	6	Severe. Recovered.
143	F.	13	...	Do.	4	Mild. Recovered.
144	F.	41	...	Do.	6	High fever; great glandular swelling; general state bad. Recovered.
145	F.	12	...	Do.	5	All one family; 147; 2nd attack of 145 aft. 7 m.; mild. Recovered.
146	F.	14	...	Do.	4	
147	F.	12	...	Do.	5	
148	F.	36	...	Do.	5	

No.	Sex.	Age.	Complications.	Medicine.	Duration. Days.	Remarks.
149	M.	7	Croup	Ap. m. bicy, ars. iod., brom. hep.	5	2nd attack of 37. First 2 d. went on favourably, then suddenly croupy cough, with such extreme stenosis that tracheotomy had to be performed; diphth. symptoms increased, moderate fever, fetid ichorous deposit. Died 2 d. after operation.
150	F.	15	...	Apis 3, m. bicy. 3	5	High fever; fetid deposit disappeared 5th d., except swollen submaxillary gland, which suppurated. Recovered.
151	M.	4	...	Do.	5	All one family; subject to repeated attacks of diphth.; mild. Recovered.
152	F.	3	...	Do.	5	
153	M.	8	...	Do.	4	
154	F.	23	...	Do.	5	Mild, but glandular swelling in neck, which suppurated. Recovered.
155	F.	26	...	Do.	3	Mild. Recovered.
156	M.	8	...	Do.	5	One family; 155, 2nd attack of 81; all mild. Recovered.
157	F.	10	...	Do.	4	
158	F.	...	...	Do.	4	
159	F.	18	...	Do.	5	Rather severe. Recovered.
160	F.	8	...	Do.	5	Rather severe. Recovered.
161	F.	7	...	Do.	4	Mild. Recovered.
162	M.	5	...	Do.	5	Very delicate child; high fever; great anxiety. Recovered.
163	F.	14	...	Do.	6	Severe; high fever; ichorous fetid deposit. Recovered.
164	M.	¼	...	Do.	6	From commencement great swelling of submax. gland; suppurated and opened 5 d. Recovered.
165	M.	9	Scarlatina	Bell. 1, m. bicy. 3	5	Moderate severity. Recovered.
166	M.	5	...	Apis 3, m. bicy. 3, ars. 3	10	Severe, long-continued high fever which declined on 7th d.; ichorous, fetid deposit; great weakness and failure of heart. Recovered.
167	M.	15	...	Bel. 1, m. bicy. 3	6	Great redness of fauces; high fever; extensive deposit. Recovered.
168	F.	12	...	Apis 3, m. bicy. 3	7	Rather severe; general illness great; high, long-continued fever. Recovered.
169	M.	10	...	Do.	10	Severe, high, long-continued fever; very extensive fetid deposit. Recovered.

No.	Sex.	Age.	Complications.	Medicine.	Duration. Days.	Remarks.
170	F.	8	Scarlatina	Bel. 1, apis 3, m. bicy. 3	7	Very high fever; general illness; 3rd d. scarlatina, which left great weakness (the last 4 cases all one family). Recovered.
171	M.	26	...	Apis 3, m. bicy. 3	5	Mild. Recovered.
172	M.	26	...	Do.	4	2nd attack; mild. Recovered.
173	F.	13	...	Do.	5	Mild. Recovered.
174	M.	43	...	Do.	6	Severe; high fever till 4 d.; considerable glandular swelling. Recovered.
175	M.	5	...	Do.	4	Mild. Recovered.
176	F.	35	...	Do.	4	Do. do.
177	M.	28	...	Do.	5	Great glandular swelling; high fever. Recovered.
178	F.	42	...	Do.	4	Mild. Recovered.
179	F.	13	...	Do.	5	Great glandular swelling; high fever till 3rd d. Recovered.
180	M.	4	...	Bel. 1, m. bicy. 3	6	Great redness of throat; high fever till 4th d. Recovered.
181	F.	23	...	Do.	6	Great redness of throat and tongue; considerable glandular swelling. Recovered.
182	M.	7	...	Apis 3, m. bicy. 3	8	Severe; glands and throat much swollen; fetid deposit. recovered.
183	M.	2½	...	Bel. 1, m. bicy. 3	4	Great redness of fauces and high fever till 3 d. Recovered.
184	M.	38	...	Apis 3, m. bicy. 3	5	Mild. Recovered.
185	F.	5	...	Do.	6	Daughter of 183; moderate severity. Recovered.
186	F.	3½	Croup	Apis 3, m. bicy. 3, iod. 3, brom. 2, hep. 2	14	Sister of 2 children, who died under allop. treatment; commenced with very high fever; convulsions; fetid, ichorous deposit; nose quite stopped up; 4th d. croup, though deposit diminished; frequent attacks of stenosis; great dyspnœa; coughed up large shreds of membrane; 9th d. began to improve, but complete aphonia remained. Recovered.
187	F.	5	...	Apis 3, m. bicy. 3	5	Mild. Recovered.
188	M.	8	...	Do.	4	Do. do.

No.	Sex.	Age.	Complications.	Medicine.	Duration. Days.	Remarks.
189	F.	6	...	Bel. 1, m. bicy. 3	4	High fever; very red round patches of deposit. Recovered.
190	F.	4	...	Apis 3, m. bicy. 3, ars. 3	7	My own children; 2nd attack of 190 (see 87). In 192 high temp. from first; ichorous, fetid deposit spread all over fauces, tonsils, palate, and gums of slate-grey colour; great weakness of heart in 191 and 192, much relieved by ars. in alternation with m. bicy. every half hour; wine freely given; red wine gargle at first. 194 had paralysis of velum and accommodation for weeks, which yielded to phos. All recovered slowly.
191	F.	9	...	Do.	6	
192	M.	6½	...	Do.	12	

The cases above recorded amount to 484, of whom 28 died, giving a mortality of little more than 6 per cent., which must be considered very small if all the cases were true diphtheria. Some of them seem to have been very slight indeed and would hardly be considered true diphtheria but rather catarrhal sorethroat with some diphtheritic deposit. However, Windelband, who furnishes the largest number of cases, assures us that his were all undoubted cases of diphtheria, and none of them were cynanche with follicular deposit, many of which he treated during the year, but did not include in his list. The frequency with which repeated attacks of the disease occurred in the same patient leads us to think that probably bad drainage has much to do with the excessive prevalence of diphtheria in Berlin and Potsdam. Our own reminiscences of Berlin have not left on our mind a favourable impression of the sanitary condition of the Berlin drainage. We cannot otherwise account for the great number of cases of diphtheria which were treated in one year by several of the observers. It is interesting to notice the very general use of *Merc. cyan.* by the homœopathic physicians of Berlin, though few seem to have trusted

to it alone; its alternation with *Apis* seems to have been pretty general, but we do not see the reason for this practice. Von Villers has shown that it is yet more efficacious when given alone, as his recorded results are superior to those obtained by his Berlin colleagues.

IODIDE OF ARSENIC IN ORGANIC DISEASE OF THE HEART.*

By John H. Clarke, M.D.

Mr. President and Gentlemen,—We are sometimes told that when the British army has won its greatest battles it has always been helped by allies—that if it had not been for these its victories would have been defeats. I find on going over my cases that the medicine whose praises I am about to set forth is very much in the position of the British army. It has fought the greater number of its battles in alliance with other very respectable warriors. But as we are not inclined to admit that all the glories of Blenheim are due to the forces of Prince Eugene, or of the Peninsular War to the Spaniards, or of Waterloo to the Prussians, so I think I shall be able to show that in the cases I am going to relate the medicines given along with the *Iodide* were what our orthodox friends delight to call "adjuvants" and the *Iodide of Arsenic* itself the agent-in-chief.

The cases all showed evidence of valvular affection, and I cannot say that in any of them was there any improvement in the condition of the valves. That is not what we look for. When a valve is damaged the cardiac muscle is at once placed at a disadvantage, and until it has grown larger and stronger by hypertrophy all the symptoms of weak heart are experienced. When once the heart has recovered its balance these symptoms cease, and persons may and sometimes do go on for years and never know there is anything wrong with them. But the cases that come for

* Read before the Homœopathic Congress held in London Sept. 18, 1884.

treatment are not of this kind. They have, in addition to the valvular trouble, weakness or degeneration of the heart-walls. Unless something is done to arrest this degeneration or to enable the weakened muscle to recover its strength, a short life in great misery is all that the patient can expect. Now, it seems to me that *Iodide of Arsenic* performs this function of strengthening the heart muscle and arresting degeneration better than any other medicine I have employed. I have given it almost exclusively in the third decimal trituration two grain doses twice or thrice a day immediately after food.

Case 1. *Mitral stenosis and incompetence with angina.*—Mrs. McC—, æt. 52, rather above medium size, grey eyes, dark hair, thin, rather pale, consulted me April 22nd, 1882. She was taken ill in Scotland the previous July. She went to bed one night quite well, woke up with a feeling as if the ribs were being pressed into the heart; for thirty-six hours was in agony. It was a month before she was well enough to travel to London. She has the same sensation (of pressing in of the ribs) and palpitation at the same time. Has had two or three attacks since that in July, but not so severe or long-lasting. Has frequent severe palpitation and rush of blood. Is faint after the attack; in the night she wakes with a feeling of going over a precipice. If the feeling comes on when she goes to bed she cannot sleep at all and has to be propped up. Cannot go upstairs or exert herself as it brings on pain in the side—not the pain at the heart: that comes on when she is quite calm and still.

She has a cough night and morning and raises much phlegm. Has to be very careful with her diet. Never was strong; for ten years attended the Victoria Park Hospital for Consumption. Had her right arm broken twice, at six and at sixteen. Since the second break has had rheumatism in the arm, but never had rheumatic fever. Not having time to examine the chest thoroughly on that occasion I gave her *Salvia* 1x, gtt. j, and *Bry.* 3, gtt. j, 3 h. alt., and told her to return in a week.

The sphygmogram taken on this day is of great interest, the beat being regularly triple. The following week it was double and gradually became a single beat as the symptoms improved. It need hardly be said they were all taken with Dr. Dudgeon's sphygmograph.

Right, 4 oz.



Left, 4 oz.



April 29th.—Palpitation has been the same till the last two days. Has had a very bad cold, is coughing much; cough is in fits. She raises a good deal of phlegm at night. Pulse 46.

Examination.—Vertical dulness begins at lower border of third costal cartilage. Transverse dulness at level of fourth costal cartilage extends two and a half inches to the left of the sternum. This part is bulged forwards. The apex beat is felt but very faintly, the impulse is felt near the sternum.

Sounds: regularly irregular. One strong beat is felt, followed by two smaller ones which make no impression on the pulse at the wrist. Sometimes there is a soft systolic bruit, and at tricuspid area a rough bruit apparently diastolic. The heart-sounds are clear at pulmonary and aortic areas. *Bruit de diable* in neck.

Lungs: dulness and slight flattening with increased vocal resonance and fremitus at right apex; exaggerated expiration; *Ars. i,* 3x, gr. ij, n. et m. p. c.; *Dig.* 1, gtt. j, t. d.

Right, 3¾ oz.



May 6th.—First part of week worse; twice she fainted right away, but last part of week much better, less fluttering, less pain, less flushing, cough looser.

Examination.—The secondary beat is felt like a thump at the apex, where a soft systolic bruit is heard with the primary beat; it is heard nowhere else. The region of the apex is very sensitive. Rep.

Right, 3¾ oz.



Left, 3¾ oz.



20th.—Very much better. Has not had the heart so quiet for months, only has palpitation now when called suddenly, and then only slight. Appetite good, but she cannot take meat. *Examination.*—Action of the heart quiet and regular, but instead of the two sounds three are heard; after the systolic comes the diastolic and then a sort of rebound. With the systolic sound, in the mitral area and over the third left costal cartilage a soft systolic bruit is heard. This is not heard with the third sound, and it is not heard to the right of the sternum. In aortic area the first is very feeble and the second stronger. In the pulmonary area all three sounds are heard, but not the bruit. Rep.

Right, 4¼ oz.



June 3rd.—Keeping very much better. Phlegm hard to raise. *Examination.*—Lungs: prolonged expiration both apices and increased vocal resonance, the latter most marked on right side, with increased vocal fremitus. Heart-sounds much steadier, there is a thump with the first sound; a

præsystolic bruit can now be distinctly made out in mitral area; no apex beat is felt; cardiac dulness extends from half an inch to right of sternum five inches across. Rep., also *Kali. bich.* 3, gtt. j, p. r. n. (for difficult expectoration).

Right 4 oz.



She did not return till August 25th, 1883. Pulse 82, has no pain at heart now, though she feels it weak and is faint; there is a præsystolic thrill. She returned on account of blocking of the nose and loss of taste and smell. I discovered a polypus in each nostril, the right the larger. Eighteen years before she had polypus, which she said was burnt. *Ars. i.* 3x, gr. ij, n. et m.; *Thuja* 3x, gtt. j, q. d. *Thuja* ϕ to be applied with brush three times a day.

September 8th.—Heart better, pulse 76, not so faint and low. Tastes better, can smell sometimes. Sleep poor. Rep.

19th.—Unable to sleep since 15th: has the "falling" sensation; continual fidgeting with the limbs. Pulse regular. *Act. r.* 1, gtt. j, q. d.; *Coff.* 3, p. j, 1 h., p. r. n. *Thuja* applied.

October 3rd.—Very much better. Sleep good after three days, fidgetiness better, nose better—less stopped. Rep. *Act. r.* and applications.

24th.—Very much better generally, can smell now and then.

November 14th.—Very much better; smells quite well, tastes better, sleeps well. Rep.

December 5th.—Very much better as regards the polypus, it gives no inconvenience now. Heart troublesome again; sleep not so good. Has pressure on back of head. The application of *Thuja* now causes pain.

Right, 4¼ oz.



29th.—In the early part of this year she had a great shock—the news of the wreck of a ship with her son on board. She was for many days in suspense as to his fate; she learned at last that he was among the saved. She does not think she has been well since the shock. She has nausea after all food. Tongue white, bowels confined. Has pain in the side. Nose fairly clear. Præsystolic still heard, only faintly, at apex. Pulse a little irregular; cough in fits; sleep bad till she used *Coffea*. *Thuja* still causes pain. *Ars. i.* 3x, gr. j, n. et m.; *Ign.* 1, gtt. j, q. d.; *Thuja*, applications.

Right, 3½ oz.



January 12th, 1884.—Very much better. Had a faint on Dec. 31st, but much better on the 2nd and has continued so. Bowels rather difficult. Nose a little stopped; has flushes. Rep.

February 23rd.—Says she is "pretty well;" the polypus is the worst of her troubles. Is losing taste and smell; has rheumatism in left foot and arm. *Ars. i.*, n. et m.; *Thuja* 3x, gtt. j, t. d.; *Thuja* application.

March 12th.—Better; nose better, tastes better, has little pain. Rep.

April 12th.—Has neuralgia; nose pretty well, has smell the last fortnight. *Spigelia* 1, gtt. j, q. d.

Right, 3½ oz.



This case was two years under observation. She came originally for an opinion merely, not expecting to receive much benefit, knowing she had heart-disease. She was restored under treatment to activity and comfort, and I ascribe the chief share of credit to *Iodide of Arsenic*. In

the next case there will be less room for doubt, as the treatment was less complicated. By a curious coincidence he came to be treated for polypus.

Case 2.—Wm. B—, æt. 29, cabinet-maker, rather below middle size, but well made and well nourished, pale, fair, came under my care May 26th, 1883, for polypus of the nose. He was treated with *Thuja* internally and locally, and received much benefit, the polypus diminishing much in size and ceasing to give him trouble. He continued to attend at long intervals.

May 5th, 1884.—He complained that he felt ill in himself and was low spirited, and suffered from giddiness. He attributed it to having three stumps taken out under gas about Christmas-time. Had chorea as a child. On examining his heart I found there were no proper sounds, all being replaced by bruits, the heart itself being much hypertrophied. I gave him *Ars. i.* 3x, gr. ij, n. et. m., p. c., and continued the application of *Thuja*.

Left, 2¾ oz.



Right, 2⅝ oz.



Right, 2⅞ oz.



17th.—He expressed himself as much better generally, and gave a like report on the 31st.

On the 28th of June the improvement was still maintained, though he had not had medicine all the time. Rep.

On July 28th he was quite free from any symptoms relating to the heart.

The first (left) sphygmographic tracing shows the aortic

collapse and rebound. The other tracings, taken the same day on the right side, show this peculiarity less marked. A further sphygmogram was taken on July 26th, and the tracing was much more like a normal one. The heart-sounds remained the same.

In this case the steady improvement in the heart's condition can only be attributed to the *Iodide*, as this was the only new element introduced into the treatment.

On the 26th of July the following tracing was taken—

Right, 3½ oz.



Case 8.—The next patient whose case I have to relate first came under treatment at the hospital in September, 1881, complaining of palpitation, faintness, weakness, general debility. I find also in the book this additional note: "No organic disease of the heart; appears anæmic; never had rheumatic fever." She received *Digitalis* and afterwards *Ferr. mur.* 3x. She returned in June, 1882, complaining of pain in left side on taking a deep breath, and for this she received *Bry.* 2x.

She came under my care in the following month. She was then sixteen years of age, pale, delicate looking, rather dark hair and fair eyes. The pain in the left side was then very bad. She has palpitation, preventing her lying down. As a child she had severe illnesses, chiefly cough troubles, for which she was leeched and bled. At nine months she had cramps and convulsions. She never had either scarlet fever or rheumatic fever. Palpitation and pain were the first things she noticed of present illness; she knows no cause; before these came she could run about like other children; the pains came before the catamenia appeared. Tongue clean, bowels regular, appetite varies. Catamenia on at present, not for three months previously; first appeared nineteen months ago. She is constantly drowsy. Her feet swell at times; she has much pain in the legs. On

examining the chest I found the physical signs of mitral stenosis and slight induration of apex in right lung. She received *Ars. i.* 3x, gr. ij, t. d. There was marked and immediate improvement.

Right, 4 oz., standing.



July 26th.—Better generally, appetite better; less palpitation. Still has pain in the right side; no pain in the legs. Rep.

August 9th.—She was seen in my absence by the house surgeon, who added *Bry.* 1x to the prescription, probably for the pain in the side.

It is important to follow the progress of this case as she has quite recently again come under treatment, and now presents the physical signs of aortic valvular disease as well as mitral. The treatment has therefore done nothing to arrest the progress of the valve lesion, but it has again and again given strength to the cardiac muscle. That the obstruction will in the end prevail in this case I fear there is little doubt, but I have also little doubt that the end may be indefinitely postponed, and life rendered much more endurable by medical treatment. The sphygmogram taken on the first occasion is one very commonly obtained in cases of mitral stenosis—small and quick but not otherwise abnormal. It is interesting to compare this with two recently taken since the development of aortic disease and hypertrophy of the left ventricle.

23rd.—Appetite rather better, tongue white, bowels regular. Palpitation not quite so bad. Still has pain in the side and right across the back, no tenderness; numbness in left arm and hand. *Ars. i.* 3x, gr. ij, n. et m.; *Spig.* 3, gtt. j, 3 h.

September 6th.—There was improvement. The pain had gone from left arm and was better in the side. Catamenia regular. Rep. (*Spig.*, t. d.).

She now went without medicine for a time, but soon felt the worse for not having it. She was put on the *Iodide* alone, but as pains came on in both arms *Spig.* 3, p j, was added every three hours.

November 29th.—Strength keeps about the same. Sleep good, appetite good, tongue clean, bowels regular, pain in the arms better; pain in the right side catches her when she talks; no cough. *Bry.* 3, pil. j, 3 h., replaced *Spig.*, *Ars. iod.* as before.

January 3rd, 1883.—Kept better for a time; not so well now. Pain in right arm from fingers down to side. *Ars. iod.*, n. et m.; *Lach.* 6, gr. j, 3 h.

31st.—Much better, pain in arm much better. Appetite good, pulse quite regular. After this she remained much better till July 18th, when she came complaining of pain in chest and legs. The last prescription was repeated for a month. For the first fortnight she was better, but after that she was not so well. Numbness in arms and up the neck very bad; drowsy. *Spig.* 3, gtt. j, 3 h.

On September 19th there was not much improvement. Pain in the chest, worse on lying down and after eating bread; not much wind. Tongue clean. The pain is sharp. Catamenia returned after three months. *Naja* 6, gtt. j, 3 h.

October 17th.—Very poorly the first fortnight, better the last. Rep.

31st.—Very ill indeed. Pain in chest is very bad; it takes her breath. I now returned to *Ars. iod.* and *Spig.*, and the next report was better: pain catching in right side, but not so sharp; tongue clean, bowels regular, appetite fair. Rep.

November 28th.—Again not so well: gnawing at heart. Arms bad again. *Calc. c.* 6, p. j; *Spig.* 1, p. j, 2 h. alt. She remained without treatment now for seven months.

June 25th, 1884.—She kept pretty well for a few months, but is now bad again. Cold weather suits her better than hot. She has pain in the side and left arm, and pains in the legs as if cold water were running down them. Catamenia regular now.

Examination.—Vertical dulness begins at third rib; transverse dulness extends from half an inch to right of sternum to three inches to left; visible pulsation in scrobiculus cordis and fifth space; beat strongly felt on palpation. Apex: first accentuated and reduplicated, followed by second sound; no bruit; reduplication heard as far as sternum, but not to the right of left sternal edge; sounds heard loudly at angle of left scapula. Aortic area: short systolic bruit prolonged into carotids, where it is heard louder; the same bruit heard less loud in pulmonary area. No diastolic bruit in aortic area.

Diagnosis.—Disease of aortic valves and mitral stenosis, hypertrophy of left ventricle.

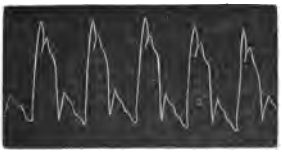
I put her on the *Iodide of Arsenic* three times a day; and gave her *Act. r.* 1, gr. j, 1 h., to take when she had a "sinking" sensation she complained of.

Right, 3¼ oz.



July 9th.—Has been ill, but to-day is brighter. Has much aching in the arms, especially the left. The *Actæa* seemed to help her. Her mother tells me that she is very nervous; she fears to go out alone. This has been so for some long time. I gave her the *Iodide* night and morning, and *Naja* 6, gr. j, to be taken when the pain in the arms was severe, the *Actæa* when required, as before.

Right, 3¼ oz.



Case 4.—*The next case* (*mitral stenosis*) *occurred in private practice.*—A lady, æt. 58, tall, very dark, blue lips,

nervous, consulted me in September, 1883. From six months old had been subject to ague. She had married rather late in life, had had no children, and had been a widow some years when she consulted me. Had never had rheumatic fever. Fifteen years ago had had scarlet fever and inflammation of the lungs. Her breath had never been quite as good since, but she only noticed distinct difficulty for six years. This has been much worse for two years. A few days before consulting me (September 17th, 1883) she had an attack of diarrhœa. This was stopped by brandy, and immediately a "cold" in the chest came on, cough hard and dry, unable to raise anything. She feels as if the windpipe was twisted and knotted, and *crows* with the difficulty she experiences as if she had whooping-cough. She feels very weak; is unable to walk more than a short distance, and not at all if there is a wind. The heart seems to stop and flutter. Sometimes she goes off into a kind of faint, but recovers very quickly. The feet swell about the ankles. Appetite poor; bowels confined. There is no tenderness about the larynx or trachea. The lung-sounds are feebler at left apex than right. There is a præ-systolic bruit.

She can sleep lying quite flat. Sleeps badly the fore part of the night, but well towards morning.

I gave her *Digit.* ϕ, gtt. j, 1 h., ante cib., and *Arsen. Iod.* 1, gr. $\frac{1}{20}$th, post cib.

Three days after she was very much better, lips less blue, expectoration easier. Much better generally. No alteration was made in the treatment. Her appetite improved, her walking powers returned, and on the 8th of October she considered herself quite well, and for anything I know to the contrary has remained so since.

Case 5.—The next case has been under my care off and on for three years. The greater part of the time she has been treated with other medicines than the *Iodide.*

W. Mary D—, æt. 21, pale, fair, above medium size, eyes very large and prominent. She came to me on October 29th, 1881. She complained of short breath,

palpitation, and pain at the chest. Three years ago had rheumatic fever, pleurisy, and bronchitis badly. She got well, but cough, short breath, and pain in the legs came on gradually. She has had palpitation for years. She is low spirited, and gets extremely cold and numb. Her father suffers from "weak heart," but otherwise the family history is not remarkable. Tongue clean; bowels regular; appetite good. Catamenia scanty, worse last twelve months, never regular, came on at seventeen. Sleep good, but dreams, cries out in sleep, starts. Is rather nervous. The feet do not swell.

Examination.—Cardiac dulness increased. Apex beat in nipple line. First sound exaggerated at apex, præsystolic and systolic bruits. A short bruit in pulmonary area, heard occasionally, varies with inspiration and expiration. Mitral stenosis and regurgitation. *Digit.* 1, gtt. j, 4 h. She improved considerably, but the breath remained short, and the palpitation was no better. *Digitalis* 1x, gtt. j, t. d., was given and *Thuja* 30, gtt. j, n. et. m. The *Thuja* was given now, and *Calc. carb.* later, chiefly with a view to seeing if any impression could be made on the diseased valves. *Calcarea* seemed to do good to the general condition, but I can say nothing as to whether either affected the valves.

December 21st.—Has been a week without medicine, and is not so well; more palpitation and breathlessness. Has pain in the legs on going upstairs. It not so nervous as she was.

Examination.—Cardiac dulness increased. The first sound is thumping in character, and a sharp bruit is heard in mitral area and over the left auricular appendix. It is long in the mitral area and short in the other. It vanishes while listening. It was not audible in pulmonary, aortic, or tricuspid areas. Apex beat strongly felt in fifth space; also felt in sixth space. Repeat *Dig.* 1x and *Thuja* 30.

After this she complained chiefly of digestive troubles and deafness with discharge from right ear. She received *Natrum muriaticum,* under which the breathlessness

improved, and afterwards *Pulsatilla*. A cold with cough and hoarseness came on in April, and she received *Bry.* 3, gtt. j, *Calc. c.* 6, gtt. j, 3 h. alt. The cold improved.

On May 31st, being hardworked at the time, she complained of great breathlessness. *Calc. c.* 6, gtt. j, *Spig.* 3, gtt. j, 3 h. alt. After this she was better.

January 28th, 1882.—Has taken fresh cold; much cold in the head; is deaf; feet swell at times; much breathlessness since she has had much standing. Tongue dirty; appetite good; bowels regular; sleep good. *Examination.*—Loud venous hum in neck. Systolic bruit in cardiac areas very faint. *Merc. sol.* 6, gtt. j., *Spig.* 3, gtt. j, 3 h. alt.

She improved steadily under this treatment until September. She then took a bad cold from a chill; she fainted; throat sore; tonsils large; tough expectoration in the morning. Had been a week without medicine when this came on. Has had no suffering in the heart. *Examination* (September 9th).—Venous hum in neck. Both heart-sounds heard in the carotids. Rep.

On October 4th *Cal. c.* 6 gtt. j, and *Spig.* 3, gtt. j, 3 h. alt. were given. She again improved.

On November 14th *Bry.* took the place of *Spig.*, chiefly on account of a cough, and as she was subject to chilblains, *Agaric* 3 was given to be taken if required. She remained much in this condition for some months—better as regards heart symptoms, and suffering off and on from cold, ear-trouble, and falling of the hair, which *Fluoric acid* seemed to check.

On August 8th, 1883, she complained of giddiness. There was some acne on the face.

September 19th, 1883.—Very bad headache. Right ear painful and stopped. Hearing $\frac{12}{30}$. Is looking pale. Tongue pale; appetite good; bowels confined. Palpitation occasionally. Is drowsy. Dreams badly in sleep. *Nat. m.* 6, gtt. j, q. d.

October 3rd.—Indigestion still very bad. Breath very short. Bowels much confined. I now for the first time gave her the *Iodide,* with *Digitalis* (which she had had before). *Ars. i.* 3x, gr. ij, n. et m. *Dig.* 1, gtt. j, q. d.

17th.—Very much better. Bowels regular. Heart better, less indigestion and headache. Much phlegm in morning which makes her sick. Rep. She remained away for two months. The breathlessness had then returned (December 12th) on exertion. She became faint on standing and had digging pain in the body. *Spig.* 3, gtt. j, in place of *Digit.*, the *Iodide* as before.

January 2nd, 1884.—Is working hard. Has pain at chest and indigestion. *Calc. c.* 6, gtt. j; *Spig.* 3, gtt. j, 3 h. alt.

This patient was working at her business all the time of her attendance.

Case 6. *Mitral incompetence.*—Eleanor B—, æt. 20, bookfolder, dark, sallow, unhealthy complexion, spare.

March 4th, 1882.—Complains of pains in the limbs and red patches on them; pain in the ankles. Had rheumatic fever at nine years old. Tongue furred; bowels regular; appetite good. *Sulph.* 1, gtt. j, t. d.

March 11th.—Pains are better in early part of day, worse towards evening. The left ankle is painful in bed at night. Tongue furred; bowels much confined. *Examination.*—Cardiac dulness increased. Left systolic bruit at apex and rest of cardiac area, especially over the left auricular appendix. *Diagnosis.*—Mitral regurgitation and dilatation of left side of the heart. *Bry.* 3, gtt. j, t. d.

25th.—The bowels became regular in the course of the next fortnight, but the pains did not much improve.

April 8th.—Pain in knees much better; feels better generally. Tongue dirty; bowels regular; has no palpitation except on exertion. Has a ganglion on the wrist. *Bry.* 3, gtt. j; *Ac. benz.* 3x, gtt. j, 3 h. alt.

At the next visit the pains were better and the ganglion no worse. I repeated the medicine, only giving two-drop doses of *Ac. benz.* instead of one drop.

On the 3rd of June the ganglion had nearly gone.

On the 17th she first began to complain of heart symptoms—occasional palpitation. I gave her *Digit.* 1, gtt. j, t. d., and in a fortnight she reported herself better. The prescription was repeated.

July 15th.—No further improvement. For some years she has been in the habit of bringing up a little blood, dark, mostly in the morning. Lately (in the last two months) has brought up more, as much as a teaspoonful at a time. Tongue dirty. I now put her on the *Iodide of Arsenic* for the first time, giving her a grain of the 3x trit. three times a day.

August 12th.—Better; not so much pain in the chest; has spat up a little blood. Rep.

26th.—Keeping better; less pain; no more blood. Rep.

I am not quite clear as to where this blood came from; as far as I can remember it was this symptom that led me to give the *Iodide* in this case. The improvement was very manifest. However, on the next visit (September 9th), she complained of giddiness whilst walking in the street and pain at the heart in the evening. I gave *Dig.* 1, gtt. j, t. d. as well as the *Iodide*. She did not return for three weeks after this, and was a week without medicine. She felt worse during the week she was without. I repeated the medicines, and she returned in a fortnight complaining of constant aching at the heart. I gave her *Naja* 6 in alternation with *Arsen. iod.* and I have not seen her since.

This is not a very complete or a very striking case, but it does illustrate the action of the drug both alone and in company.

Case 7.—Emma F—, æt. 41, needlewoman, dark, sallow, nervous. May 5th, 1883. Has numbness and tingling in right leg, and cramp in right foot; numbness in arm. The lower jaw jerks to; she never had anything like this before. Has great pain in right side of head and burning at the top; the face flushes; has pain in the back on waking. Has been ailing since last summer, when she had erysipelas and chronic rheumatism. Has had the numbness a fortnight. Tongue clean, bowels regular, appetite poor, sleep poor, catamenia not more than twice in the last twelve months. Pulse 102, small. Complains of her heart and breath.

Examination.—Thumping first sound, indicative of mitral

stenosis, at apex. Lungs: right apex exaggerated expiration; left apex, breathing feeble. *Ars. i.* 3x, gr. ij, n. et m.; *Ign.* 3, gtt. j, t. d.

May 19th.—Her condition has varied; has now pains all about her, pressure at the top of the head; palpitation. *Ars. i.*, n. et m.; *Dig.* 1, gtt. j, t. d.

June 20th.—Better; no pain in left arm; has sparkles before the eyes. Rheumatism; pain in the back. Tongue white, bowels much confined. *Spigelia* 3, gtt. j, t. d., was now given with the *Ars. iod.* instead of *Dig.*

July 4th.—Better. Bowels regular (I have again and again noticed this effect of *Spigelia* in relieving constipation in cardiac patients to whom I have been giving it. I have never given it for constipation alone, but I see no reason why it should not be of use; in this case, however, the relief was not permanent). She has now no sparkles before the eyes, but there is much numbness in right foot and leg. Rep.

21st.—Yesterday had a bad attack; has felt giddy; breathing is difficult. Has much flatulence coming upwards, bowels confined. I replaced the *Spig.* with *Lyc.* 6, continuing the *Iodide.*

September 25th.—Very giddy at times; flatulence bad; catamenia have returned. Rep. The following month she returned, complaining of pain through the left chest, for which she received *Bry.* 3, gtt. j, q. d., alone. The next fortnight this pain was better, but she complained of a choking cough rising in the throat, making her sick at times; the cough came suddenly whilst talking. She had numbness down the leg, and the bowels were rather confined. *Bry.* 3, gtt. j, *Lach.* 6, gtt. j, 2 h. alt.

After this she continued in much better health till January of this year.

January 16th, 1884.—For the last fortnight she has had pain round the sacrum, coming on between 4 and 5 a.m., and preventing sleep after that. She trembles all over, low spirits, pain in side of the head. Tongue white, lips parched. I repeated the last prescription of *Bry.* and *Lach.*

30th.—Pain round the back better, but the chest is bad

—this comes back when she excites herself. Has a creeping sensation under the skin.

I now returned again to the *Iodide*, giving it night and morning, and continuing the *Lach.* three times a day. The next report was much more favourable, and the improvement was steady and rapid till she ceased to attend on the 15th of April.

There was a steady improvement both of the heart symptoms and the general condition whilst taking the *Iodide* on the first occasion, though it was never given separately, and therefore the observation is not pure. On the second occasion the improvement was much more decided, and here, as the patient had been taking *Lachesis* before, the increased rapidity of the improvement may fairly be attributed to the *Iodide*. The case was complicated by climacteric sufferings, but the signs and symptoms of heart disease were unmistakable.

Case 8. *Mitral stenosis with angina.*—Emily T—, æt. 43, dark, small, housewife. May 31st, 1882. Has pain in left side and down left arm, has had it for three or four months; it came first eight years ago, then it took the whole side. The pain is constant and does not depend on exertion. She has palpitation, but only when she exerts herself. She always has a little cough; much expectoration in the morning, none at night; coughing makes the pain bad. She cannot lift her left arm.

Her father died of old age, her mother of consumption when patient was born. Three of her children and her husband have died of consumption. Patient's previous health has never been very good, but she has had no severe illnesses. A few months ago she had pain in the right side with retching, taking the strength out of her like labour pains.

Tongue white, bowels regular, sleep restless, catamenia ceased three years. She has flushes. Has headache at vertex and across eyes. I made a memorandum to examine the heart at her next visit. I gave her *Bry.* 3, gtt. j, t. d.

June 14th.—Head better; she is a little better generally,

but arms and side still very bad. The pain is relieved at times by motion; the arm swells at times. Bowels rather confined. *Spigel.* 1, gtt. j, t. d.; *Sul.* 3, gr. iij, h. ss.

28th.—Arm not any better, bowels same. I now gave her the *Iodide,* two grains three times a day, and this, as generally happened, soon told beneficially on the general health, causing some improvement in the pain.

July 12th.—Feeling better generally, pain not quite so bad, breath much the same. Rep. Feeling better she did not return for six weeks.

August 23rd.—Arm has been better, but it is very painful again to-day.

September 13th.—Arm better at times; for a few days it has been bad; it feels cold, aching is continuous. *Naja* 6, gtt. j, 3 h.

The next report was that the arm was much better. This was the last. *Naja* was given again.

In this case the improvement was initiated by *Arsen. iod.* alone, but this did not give complete relief; this was left for *Naja* to accomplish.

Case 9. *Mitral incompetence, dilatation of left auricle, and hypertrophy of right side of heart.*—Salome B—, æt. 38, single, housekeeper, dark, blue lips. Aug. 30th, 1882. Complains that she feels bad in the morning, can hardly raise herself from her pillow. Two years ago she had "congestion of the liver" and now she feels just as she did then; she has a heavy pain in the left side, depression of spirits. The pain lies at the chest; she gets no rest; comes over faint, especially on walking. Has headache across the forehead and vertex on waking. Tongue clean, appetite poor, bowels regular, sleep bad, catamenia scanty, regular.

She has never been strong; her mother died of consumption; also one brother and one sister. Her father is living, but in poor health.

Examination.—Has scar of ulcerated gland on right side of root of neck. Lungs: apices clear. Heart: apex beat not visible, it is felt in the fifth space three inches to left of sternum. Vertical dulness begins in the middle of the

second space. Transverse dulness at the level of the fourth costal cartilage extends one inch to the right and three inches to the left of the sternum. In the mitral area is a soft systolic bruit, heard also sometimes in the third space. The second is accentuated and occasionally reduplicated in the pulmonary area.

I put her on the *Iodide* night and morning and gave her also *Digit.* 1, gtt. j, t. d.

The following fortnight (Sept. 13th) she attended again. The pain was rather better and the palpitation was better, but she had taken a cold and (as is usually the case with her when she takes cold) had lost her voice. I repeated the medicines.

October 4th.—Better generally, voice better. She complained, however, that the medicine (*Digitalis*) made her ill; it seemed to make her heart beat. The palpitation and pain were worse; has pain between the shoulders. She had had something to refresh her during the week. I left off the *Digit.* and gave *Ign.* 1x, pil. j, q. d. with the *Iodide* instead.

25th.—Not nearly so much pain; less palpitation. She has a sinking sensation sometimes. This was her last attendance. There was a great improvement in her general condition as well as in the special symptoms. I ascribe the chief share of this to the *Iodide.* I am inclined to believe the patient was correct in attributing the aggravation of her symptoms to the *Digitalis,* and certainly either the omission of this drug, or the substitution of *Ignatia* for it was followed by very marked improvement.

Case 10. *Mitral stenosis and incompetence, hypertrophy of right side of heart; chronic congestion of the lungs with emphysema.*—James W—, æt. 11, schoolboy, rather diminutive, chest distended. Looks ill and anxious.

June 27th, 1883.—Has been losing flesh and strength for three months, since he had a violent cold and inflammation of the lungs. He has always been subject to chest affections, but before this illness he could move about like other children, though he soon got tired. He has violent pulpitation which sometimes disturbs his sleep; otherwise

he sleeps fairly well. Tongue whitish at the sides; bowels fair; appetite varies. He has a slight cough in the morning.

Examination.—Right front of chest more resonant than left, except at apex, which is duller than left. Right back duller than left. Increased vocal resonance and fremitus generally on right. Breathing feeble at right back, and apex. Above the clavicles there are moist sounds, and the breathing is very feeble.

Heart: Cardiac impulse strong, and spread over a large area; apex beat far to left. A rough bruit in mitral area followed immediately by a soft bruit. The latter can be traced to the right and upwards, and is lost in a rough bruit heard in the pulmonary and left auricular areas followed by an accentuated second sound. In the tricuspid area both sounds are heard.

I put him on the *Iodide* night and morning, giving also *Phos.* 3, pil. j, t. d. This, like some of the other cases, was not purely cardiac, but partly pulmonary. But as far as my experience goes the majority of cases are not pure. The leading symptoms in the case were certainly cardiac.

Right, 3 oz.



He returned in a fortnight much better, and in a month again still more improved. The loss of flesh and strength had been arrested, and instead he had gained. The next report was not quite so good; he was much troubled with a morning cough. *Bry.* 3, pil. j, t. d. instead of *Phos.*, *Ars. iod.* being continued. This change made no improvement, and *Digit.* 1, gtt. j, t. d., replaced *Bry.* the next fortnight. After this he began to improve again. In December he weighed half a pound more than he did in August. This in a growing boy (or rather one who ought to have been growing) was, of course, no real gain, but it was also no loss, and he was losing before coming under treatment. He continued under the same treatment till

February 6th, when it was reported that he was gaining weight, but an attack of diarrhœa had come on, the breath had become short again, and he had profuse and offensive night sweats. I gave him *Phos.* 3 and *Silic.* 6, and have not heard of him since.

It is most likely he will turn up again, and then I hope to make a thorough examination of his chest, and make the notes of his case more complete.

Case 11. *Mitral stenosis and incompetence.*—Mary T—, æt. 30, French polisher, fair. This patient had been treated by Dr. Blackley for ozœna of congenital-syphilitic origin with much benefit, and came under my care for the same thing in March, 1883. I continued the line of treatment adopted by Dr. Blackley—starch and iodoform snuff, and *Kali bich.* in trituration internally, adding afterwards *Hydrastis.*

On April 12th of this year she returned with the following symptoms:—Heavy pressing pain at epigastrium; was laid up with it for six weeks; it comes after and sometimes before food and makes her sick. She is short of breath on the least exertion; has great palpitation if she hurries. Cold feet. Pulse small. Heart's action intermittent. A thumping first sound at apex, followed by a systolic bruit, heard loudest in pulmonary area, but also heard in aortic area. Tenderness at epigastrium. She never had rheumatic or scarlet fever. The nose symptoms were improved. The bowels were confined, she said, when taking *Kali bichrom.*, but regular when taking *Hydrast.* I gave her *Ars. iod.* 3x, gr. ij, n. et m., *Dig.* 1, gr. j, t. d. She lived in the country and so had medicine given for a long period. In two months she reported herself as better. The pain in the chest was better, breath not so short. Bowels regular, appetite good, but is sick after eating, especially after breakfast. Has palpitation and pain in the left side. I now gave *Spig.* 3, pil. j, t. d. in place of *Dig.*

Case 12. *Mitral stenosis.*—Chas. H. S—, æt. 14, errand-boy, dark eyes, light hair. This patient was treated by me

in 1882 for epilepsy and improved under *Stram.* 3. I lost sight of him after that till January 25th of this year. I then learned that he had never had a fit since his previous attendance. He stammered badly. This had been the case since he was three years old. It came on during dentition. He now complained of pain at the heart and being weak and nervous. If he breathes hard it catches him and he has to fight for breath. The pain is sharp, pinching, and constant. He is short of breath on going upstairs. All this came on nine months ago, the pain preceding the breathlessness. It came quite suddenly; he was running to his work and the pain stopped him. Tongue white; bowels regular; sleep sound. He always has headache over the left eye. I found on listening over the apex beat the characteristic thump of obstructed mitral; there was a faint venous hum in the neck. The heart's action was not regular. The pulse was very small. I gave him *Ars. iod.* night and morning, and *Digit.* 1, pil. j, t. d.

He came back in a fortnight feeling much better. Has only had two attacks of the heart-pain in the fortnight. His stammering was rather worse. He received another supply of medicine and seemed to consider that sufficient.

Case 13. *Dilatation of right side of heart with thinning of all its walls.*—This was a lady æt. 68, who came under my care in July, 1881. Her illness dates from five years before. She has lived in the West Indies and has had much trouble. The first indication of heart disease she traced to suppressed emotion; she felt as if her heart would burst, but endured it and said nothing; she had frequent fits of dyspnœa on exertion and fits of "asthma," which were relieved if she took wine. Afterwards she had frequent attacks of bronchitis, which made matters worse. When I saw her first she complained of breathlessness on the least exertion, a stoppage when she lay on the left side, but no pain. The feet were cold, but did not swell. As long as she kept quite quiet and warm she was fairly comfortable. I found evidence of slight chronic bronchial irritation, and the examination of the heart showed as follows:—Area

of dulness increased. Apex beat not felt. No tenderness. No bruit. No reduplication. Second sound slightly accentuated in pulmonary area. The sounds are weak but regular for some time; then they become irregular and fluttering for a few beats. Sometimes there is a flutter and a stop. I never could detect anything wrong with the valves. There was dilatation of the right side, displacing the apex, feebleness of action making no perceptible impression on the chest walls, indicating degeneration rather than hypertrophy. She received benefit from *Arsenic* 3 and *Digit.* 1. Some months afterwards she had an attack of bronchitis, and I put her on the *Iodide* with *Bry.* after *Hepar* and *Kali bichrom.* had done some good. The improvement became more rapid, and soon she was what she considered well. The following year in another attack I again treated her with the *Iodide* with the same result—improvement both of the heart and lung symptoms. She said the *Iodide* seemed to soothe her to sleep. In the early part of 1883 she had another attack. She was then out of the reach of homœopathy, and she did not recover. I heard that she died quite quietly and painlessly.

Case 14. *Gouty heart.*—I have not used the *Iodide* much in cases of gouty heart, but late experience has taught me that it may be very useful here also. The case I am now going to speak of can scarcely be said to illustrate it, but it may be useful to mention it. The patient was a single lady over seventy; she came of an exceedingly gouty family, many members of which had died suddenly of angina pectoris or other heart affections. She herself had never had gout or any symptoms of heart disease (indeed, she was rather a famous hill-climber), but had suffered untold miseries from neuralgia, of evidently gouty nature, and bronchial attacks. It was in one of these latter that I saw her first, and then I was astonished by the irregularity of the pulse and heart's action, but I could not detect any bruit or definite sign of valve mischief. The sphygmograms were not reassuring. I saw her in several attacks of this kind. She had had much *Arsenic* in her time for the neu-

ralgia, and without very marked benefit. I gave it to her occasionally, but never saw reason to continue it long. Early this year she was seized with an attack of gouty laryngitis, in which it seemed every moment she would suffocate, and at the same time congestion of the right lung set in with very little fever; the strain of this proved too much for the heart. The *Iodide* was given, and it seemed at one time that the lung would clear and the heart recover itself, and I am of opinion that the *Iodide* did help towards that end, but the evidence is not quite clear. At any rate the heart became weaker, its action more irregular, dropsy set in, and the patient succumbed from exhaustion after much suffering.

Case 15. *Gouty heart.*—This patient was a lady, æt. 66, short, very stout, florid. As a child she was delicate; in middle life her health was good except that she suffered almost constantly from supraorbital neuralgia. Lived in India some years, and had very good health except very slight attacks of fever, which seemed to relieve her of the neuralgic pains. In 1854 had cholera in Edinburgh. Has been a great walker. Has gouty concretions about the joints of her hands, and her feet are deformed in the same way. Her present illness dates from six years back; she was climbing a hill in Scotland, and she felt at the time she had done too much; she thought she never would have got her breath again; she has never been right in her breathing since. After this she had a cold and cough for six weeks; it is unusual for her to get cold—she loves air and open windows. When I saw her she had had cold in the head; this had left the head and gone to the chest. She complains of great dyspnœa in the night, and whistling in the chest, which keeps her awake; has a sensation about the heart as if something were nipping her there—this is confined to an area about the size of a crown-piece; then she feels as if passing away, but recovers if she is quite still. At times she has a sensation of fulness, as if something in the chest would burst. Exertion or worry will bring on cough. There was no swelling of the feet. Poor appetite. I found slight wheezing here and there in

the lung. The second sound of the heart was accentuated all over, the first sound very faint except at the apex; there was no bruit. I gave her *Carbo v.* 6, gtt. j, 3 h., for three days, and there was considerable improvement, which however, was not maintained. I then gave her *Kali carb.* 6, gtt. j, 1 h. ante cib., and *Arsen. iod.* 1, gr. $\frac{1}{10}$, in water, immediately after food. The improvement was marked and rapid; she could move about with more comfort, and the appetite improved. Four days after this I gave her the *Iodide* 3x, gr. j, t. d., p. c., by itself. I heard afterwards that she kept much better and was able to leave town.

I may be asked if I have met with any cases in which *Iodide of Arsenic* has failed to do good, and to that I must answer that I have. But the two most signal cases of failure can hardly be rightly counted as such, as I found that the patients were already under the influence of *Arsenic* from their own wall-papers. In one case of ulcerative endocarditis, occurring in the hospital, following an attack of pneumonia and delirium tremens, I gave the *Iodide,* but failed to perceive any benefit therefrom. The patient died and the diagnosis was verified by post-mortem. The aortic valve was almost blocked by cauliflower-like vegetations growing from the under surface of the aortic semilunar valves, some of them pressing on the aortic flap of the mitral valve, setting up partial constriction of the orifice, and giving rise to a mitral præsystolic murmur during life. In some cases of chronic valvular disease the evidence of the action of the drug has been less strong than in those I have cited; but my notes are not sufficiently clearly either positive or negative to make it worth while to report them at length.

I may sum up my experience as follows:

1. In almost all cases of chronic weakness of the heart muscle, whether resulting from valvular disease or not, the *Iodide of Arsenic* more than any other single medicine will restore strength to the muscle and remove many or all of the attendant symptoms, both cardiac and systemic.

2. When it fails to effect improvement in the specific

heart symptoms it rarely fails to bring about improvement of the general health.

3. It is often usefully alternated with or sometimes followed by remedies more particularly indicated by the specific symptoms of each individual case.

REVIEWS.

The Solanums of the Ancients. By Prof. Imbert-Gourbeyre. Paris: Baillière.

Under the title of *Recherches sur les Solanum des Anciens* Dr. Imbert Gourbeyre—who is still, we are glad to see, Professor at the Clermont-Ferrand School of Medicine—has been publishing lately, in *L'Art Medical*, one of those exhaustive monographs for which he is famous. We have now received it in a separate form, and take the opportunity of giving our readers some account of its contents.

"The ancients," our author writes, "had formed a natural group of four plants under the generic name of *Strychnon* in Greek, of *Solanum* in Latin." His primary task has been to ascertain what are, in modern botany, the species which correspond to this antique group. After an investigation whose thoroughness makes it fully satisfying, he concludes that the solanum esculentum of the ancients is our solanum nigrum; their s. halicacabum our physalis alkekengi; their s. hypnoticum our physalis somnifera; their s. manicum our atropa belladonna. To each of these he devotes a special consideration.

1. The *Solanum nigrum* (or *hortense*) is the French "morelle vulgaire," the English common nightshade. The term "esculentum" has made some think it cannot have been meant, as it is undoubtedly poisonous. Not less certainly, however, are its berries and leaves still occasionally employed as aliment, and Dunal in 1813 sustained the thesis of its innocuity by eating freely of the former. Dr. Imbert-Gourbeyre shows that such contradictions are not

uncommon—the virulence of a plant being often highly variable; but to the records of its poisonous influence he adds the fact of its containing solanine, whose activity is indubitable. It is rather interesting to remember that dulcamara—the woody nightshade—has lately been declared inert by Dr. J. Harley, and that it too contains this alkaloid.

Our author shows that the solanum of Galen, the strychnon of Hippocrates, was no other than the solanum nigrum. The latter considered it cooling, and employed it in inflammations of the brain, liver, and uterus. This tradition was handed down to later writers, who, however (Galen especially), used it mainly as an external application. All seem to have thought it particularly sedative to the sexual organs. Hahnemann, in 1796, states that locally it can cause erysipelas of the face, and internally swellings of the outer parts; whence it must be regarded as homœopathic to these affections, for which it was so reputed of old. Our author, in view of the cases of poisoning by it he has brought together, and of the provings of Lembke and Hoyt, thinks it might play a larger part in homœopathic therapeutics than it does, and studies its relation to headaches, affections of the eyes and skin, angina, dropsies, and ergotism.

2. Dr. Imbert-Gourbeyre next examines the "halicacabum" of the Greeks and Latins, which he identifies with our common winter cherry, *Physalis alkekengi* (the latter word being a corruption of the Greek name of the plant). It was classed with the solanum nigrum, as a refrigerant, but especially reputed as a diuretic, and given in jaundice, gravel, retention of urine, &c. It is almost obsolete now; but there is (our author finds) in the first volume of the *Bibliothèque Homœopathique* a case of incontinence of urine cured by it, and he thinks it should not be lost sight of in the treatment of gravel. It might repay a proving.

3. The "solanum somniferum," now *Physalis somnifera*, is a native of the warmer lands on the Mediterranean. It too was sometimes called "halicacabum," and when the bark or root of this substance (or of "solanum") is men-

tioned, we must (our author concludes) infer that the s. somniferum was intended, as of the alkekenge only the berries were employed. (To this last the name "physalis," when used by the old writers, ordinarily belongs.) It was classed as hypnotic and diuretic, and used in amblyopia, epilepsy, toothache, headache, spermatorrhœa, and bites of venomous reptiles. For the last thousand years it has fallen into desuetude. Dr. Imbert-Gourbeyre shows by a quotation from Pliny that it can produce a loquacious delirium as well as sleep, thus linking it to the last and greatest solanum we have yet to mention.

4. To the *solanum* or *strychnon manicum, i.e. Belladonna,* our author devotes nearly half his treatise, and the subject is indeed a fertile one. He has first to substantiate the identification, which he has no difficulty in doing. The course of his inquiry leads him into a complete history of the plant as poison and as medicine, which will be a mine of information to all subsequent writers upon it. We learn among other things that the ancients made no use of it in medicine, the first to employ it being Conrad Gesner, in 1564. It was not till the eighteenth century, however, that its use became at all general; and at that time it was mainly prescribed against cancer, insanity, epilepsy, and hydrophobia, to the three latter of which it is undoubtedly homœopathic. A little later, with the same felicity (according to our ideas), it was tried in asthma, in convulsions, and in whooping-cough. At this point Hahnemann took it up, and its subsequent history as a medicine (as Dr. Imbert-Gourbeyre well shows) belongs to him.

We end by thanking our learned colleague for the trouble he has taken in bringing together this body of material.

Cholera and its Preventive and Curative Treatment. By D. N. RÂY, M.D., L.S.A. Lond. New York: A. L. Chatterton Publishing Company.

IN lately reviewing Dr. Salzer's lectures on cholera we felt that we were in the presence of a master of his subject

—of one who wrote upon the disease because he had seen and known it. Here it is quite different. Dr. Rây speaks of making public "the result of his observation and experience." We can find no trace in his volume of either. His "labour," Dr. Allen says in his introductory note, "has been largely under my own eye and partly in my library;" that is, it has been a piece of book-making, carried out by one who has never seen the disease of which he writes, save (it may be) with a layman's eye before leaving India. The result is as might be expected. The chapters on history, ætiology, modes of propagation, symptoms, &c., are fairly done; but could be better read in the sections devoted to the subject in any cyclopædia of medicine. The therapeutics, which should constitute the special feature of a homœopathic book, is merely gathered from authors, and not well gathered. In respect of medicinal prophylaxis, for instance, Rubini, Raue, and "Richard Epp" are quoted, but nothing is said of Hahnemann and Burq. The indications given for the various remedies are the conventional lists of symptoms, set down with little regard to the matter in hand (as, *e.g.* where "head hot, face red, with warmth of body," are named as for *Camphor* in the early stage); and the supposed characteristic of *Arsenicum*, "patient drinks only a small quantity at a time," is assumed as certain, in spite of its having been demonstrated to be unfounded either in pathogenesy or in practice. Altogether, we must say of such volumes—*cui bono ?**

* I must personally protest against the appearance I am made to put in by Dr. Rây. On p. 99, under Veratrum album, he writes—"Dr. Hughes says: 'Tendency to copious diarrhœa and vomiting, with prostration, fainting, coldness, and cold sweating. It will benefit almost every case, of whatever kind it may be.'" No such sentences occur in anything I have written on the subject, and I should be sorry to be responsible for the latter of the two. Again, at p. 111 I am made to recommend Kali bichromicum "in cases of incontinence of urine in cholera;" it should, of course, be suppression.—R. H.

Homœopathic Principles and Practice of Medicine. By W. H. Dickinson, M.D. Des Moines, Iowa: Mills and Co.

This volume owes its origin to the fact that the author is Professor of Theory and Practice of Medicine in the Homœopathic Department of the State University of Iowa, and is the outgrowth of the lectures he has given there during the last six years. It is published with the thought that other students and graduates just entering upon practice might find in the material he has brought together for his own pupils "a manual of practice concisely defining and describing disease, and giving only the principal remedies which provings and clinical experience have shown to be most efficient, together with the guiding indications for their administration."

This modest but sufficient aim we are pleased to be able to say that in our judgment Dr. Dickinson has attained. Were we judging his book from a higher standard we should have much to criticise, as in his confused classification, his inadequate treatment of the subject of spinal diseases, his deficiency in historical presentation, and other matters. But for his avowed purpose the book will serve well, and shows (on the whole) both care and discrimination. The volume is a handsome one and printed with unusual correctness, though such a mistake as "Herring" (p. 308-9), several times repeated, should not have been allowed to stand.

Materia Medica, Physiological and Applied. Vol. I. London: Trübner and Co.

The editors of this journal have had so much to do with the work above named that they do not feel it seemly to express any opinion upon it in their pages. It must therefore be simply mentioned that the volume contains six monographs on medicines, viz. *Aconite* by Dr. Dudgeon, *Crotalus* by Dr. Hayward, *Kali bichromicum* by Dr. Drysdale, and *Digitalis, Nux vomica,* and *Plumbum,* by Dr. Black. The first and third of these are revisions, greatly

extended, of the articles on the drugs which appeared in the first part of the *Hahnemann Materia Medica.* The series is preceded by an introductory essay signed by Drs. Drysdale, Dudgeon, Hayward, and Hughes, the last-named having also edited Dr. Black's contributions after his much-regretted decease.

If the present volume proves acceptable it will be followed by a second containing *Argentum nitricum* by Dr. Clarke, *Arsenic* by Dr. Black, *Belladonna* by Dr. Hughes, *Uranium* by Dr. E. Blake, and some others.

The Knowledge of the Physician; a course of lectures delivered at the Boston University School of Medicine. May, 1884. By Richard Hughes, M.D. Boston: Otis Clapp and Son.

This publication, moreover, we can only mention as having appeared.

Visiting List and Prescription Record. Boston: Otis Clapp and Son.

This visiting list, with all the arrangement and information which characterise similar books, has the additional merit of being "perpetual," *i. e.* not limited to any definite year, but capable of being begun at any time, and carried on as long as its pages will last. It is bound in limp leather, and is very light and convenient.

American Medicinal Plants, an illustrated and descriptive guide to the American plants used as homœopathic remedies. By Charles F. Millspaugh, M.D. With drawings of each plant by the author. New York: Boericke and Tafel, 1884.

The first five Nos. of this work are now before us, containing life-like portraits of thirty medicinal plants.

We are charmed with the execution of the drawings of the plants, which do great credit to Dr. Millspaugh's artistic powers and are not surpassed by anything of the sort that has yet appeared on the subject. They are worthy to be placed beside our Dr. Hamilton's illustrations in his *Flora Homœopathica.* The text accompanying and explaining the plates is also excellent and contains neither more nor less than is desirable in such a work. It gives the botanical order, tribe, and genus of each plant, a description of it, its history and habitat, the parts used and their preparation, the chemical constituents, and a very brief statement of its physiological action. So far we have nothing but praise for Dr. Millspaugh's book, but (there is unfortunately a but) why should we find in a book of nominally *American* medicinal plants a number of the common European plants such as *†*Berberis, Castanea, †Chelidonium, *†Dulcamara, †Inula, †Linaria, †Millefolium, †Sinapis nigra, Trifolium pratense, †Melilotus?* Those marked with * have already been delineated in an admirable manner in Hamilton's work, and those marked with † appear in Goullon's. It seems a waste of labour and money to reproduce engravings of medicinal plants that already figure in these well-known works, and it is besides a disappointment to the reader to find a book professing to be on American medicinal plants giving so much—or indeed any—space to some of the common plants of Europe, which are perhaps as common now in America, but which are probably of European origin. We would strongly advise Dr. Millspaugh in the succeeding parts of his beautiful work to confine himself to plants of undoubted American nativity, and, we might add, to such as have not become common to Europe, such as *Helianthus, Tabacum,* and *Iris versicolor,* which also figure in the portion of the work now before us. The completed work will, he tells us, contain 180 coloured illustrations. Surely America, North and South, has furnished to the homœopathic Materia Medica at least that number of more or less valuable medicinal plants.

MISCELLANEOUS.

PLAN OF THE CYCLOPÆDIA OF DRUG PATHOGENESY ADOPTED BY THE AMERICAN INSTITUTE OF HOMŒOPATHY AND THE BRITISH HOMŒOPATHIC SOCIETY.

TITLE PAGE.

A Cyclopædia of Drug Pathogenesy, being a Record of the Effects of Drugs on the Healthy Organism. Edited by J. P. Dake, M.D., and Richard Hughes, M.D., with the assistance of the following Consultative Committee:

England.	*America.*
J. Drysdale, M.D.	H. R. Arndt.
R. E. Dudgeon, M.D.	E. A. Farrington, M.D.
A. C. Pope, M.D.	Conrad Wesselhoeft, M.D.

Authorised by the British Homœopathic Society and the American Institute of Homœopathy.

RULES.

1. Give the scientific name and synonyms of each article.

2. Give the natural order, &c., of each article.

3. Give a narrative of all provings, stating the symptoms in the order of their occurrence, with such condensation as completeness allows.

4. Give, in presenting virulent drugs, such selected cases as may properly illustrate the various forms of poisoning by them, condensed as before.

5. Include, as a rule, no drug that has not shown pathogenetic power in two or more persons.

6. Trace back all versions and copies to their originals, and verify, correct, or reproduce therefrom.

7. Give the results of experiments on the lower animals, where of value, generally in abstract.

8. Include in the narrative, as a rule, no symptoms reported as occurring from a drug administered to the sick.

9. Include no symptoms reported as occurring in the persons of

provers under the influence of other drugs, or when in conditions or circumstances not allowing a clear reflection of the pathogenetic influence of the articles under consideration.

10. Include symptoms reported as coming from attenuations above the twelfth decimal only when in accord with symptoms from attenuations below.

11. Omit the contributions of Hahnemann and his fellow-provers in the *Materia Medica Pura* and the *Chronic Diseases*, which are already accessible to the profession, and of which we do not possess the day-books.

The following recommendations were further made by the Bureau of Materia Medica of the American Institute:—

I. That the Institute and British Homœopathic Society adopt the plan and rules submitted.

II. That, jointly, the two Societies unite in the election of Dr. Richard Hughes, of England, as the editor of the proposed work.

III. That each Society elect three members to constitute a joint Consultative Committee, the editor being chairman of the same.

IV. That each Society authorise a subscription for one copy of the first year's issue for each of her members, paying therefor the actual cost.

By resolution, the American Institute of Homœopathy adopted the plan and rules as presented by the Bureau of Materia Medica, and also the recommendations following, with this modification, that it was resolved to have Dr. J. P. Dake placed with Dr. Hughes as an editor of the revised work.

The Institute elected Drs. Conrad Wesselhoeft, Boston; E. A. Farrington, Philadelphia; and H. R. Arndt, Grand Rapids, Mich., as American Consultative Committee.

International Health Exhibition.

Apart from the trade advertisements and Cremorne-Gardens business which constitute 99/100ths of this popular exhibition, there are a few things that are of real interest to the sanitarian. Foremost among them we must mention the interesting display of sanitary clothing and apparatus for physical development and hygiene exhibited by our zealous colleague, Dr. Roth. There are also useful illustra-

tions of healthy and unhealthy dwellings, and there is the highly instructive biological laboratory, where bacilli, bacteria, micrococci, and many other microbes, pathogenic and otherwise, are shown growing in an artificial soil. Dr. Chiene, who has the charge of this department, is most courteous in displaying the various objects under his care. He has not yet succeeded in obtaining the comma bacillus which Dr. Koch says is the cause of cholera, but which the medical men of Bonn say they have met with in ordinary sporadic cholera, and which Surgeon-Major Lewis, of Netley, says may be found in the buccal secretions of healthy persons, and which Dr. Klein says he has swallowed in quantities without injury. We cannot pass by unnoticed the bold venture of Dr. Carrick, a Scotch physician long resident in Russia, who has brought a whole herd of Tartar horses, mares, and foals, together with their Tartar attendants and tents, in order to show how the real mares' milk koumiss is made. Dr. Carrick is only too happy to give all the required information about the mode of manufacture and effects of koumiss. Mares' milk, fresh and fermented into koumiss, may be had on the spot. The fresh milk tastes like diluted cows' milk sweetened with sugar. The koumiss which we tasted is much pleasanter than that made from cows' milk, and if, as Dr. Carrick alleges, it is at the same time much more digestible and medicinal, Dr. Jagielski and the Aylesbury Milk Company will have to look to their laurels if an establishment for the production and sale of mares' milk koumiss is set up as Dr. Carrick intends.

Spinal Effects of Secale and Lathyrus.

Several years ago physicians in Marburg observed many cases of sickness arising from the continued use of bread containing *Ergot*. In some cases exquisite clinical symptoms of tabes dorsalis, as sensory disturbances, ataxia, loss of tendon reflexes, were seen. In autopsies the anatomical examination of the spinal cord clearly demonstrated an affection of the posterior columns, corresponding minutely with the usual anatomical picture of tabes. In some parts of Italy epidemics appear, caused by the use of flour spoiled by *Lathyrus*, and after the continued use of such flour a symptom-complex is developed, giving a full picture of spastic spinal para-

lysis. Though hardly any autopsy has yet been made in cases suffering from this lathyrismus, still the symptoms—partial loss of mobility, increased tendon-reflexes, &c.—point to a systematic affection of the spinal cord, and especially of the lateral columns (STRUMPEL: transl. in *N. Am. Journ. of Hom.*, Aug., 1884).

Koch's Comma-shaped Cholera Bacillus.

Surgeon-Major T. R. Lewis, M.B., Assistant Professor of Pathology, Army Medical School, writes in the *Lancet* of September 20th, that the peculiar comma-shaped bacillus which Koch alleged to be the specific bacillus of cholera, may be found in the buccal secretions of healthy persons. He describes the method of showing these organisms under the microscope, and he says: "Persons who have not been in the habit of examining dried saliva films will probably be surprised at the number and variety of the organisms which are more or less constantly to be found in the mouth, and especially at the number of spirilla with which the fluid is generally crowded." Such being the case would it not be well before announcing the discovery of some particular bacillus as the cause of some disease to see first whether it is not among the "number and variety of the organisms" in the mouths of healthy persons?

Composition of Himrod's Powder for Asthma.

Equal parts of powdered lobelia, stramonium, nitrate of potash, and black tea, well mixed and sifted together (*St. Louis Courier of Medicine*).

Operation for Nasal Polypus.

The operator uses a long and slightly curved pair of steel forceps, the ends of which come to a fine point. He takes a piece of soft cotton wool, places it between the points of the forceps, and twisting it firmly round the point, makes it into a good-sized, soft, flexible probe like the end of a bougie. He saturates the cotton

probe with *Sodium ethylate*, and then, having caused the patient to bring the polypus into view by sharp blowing of the nostril, he plunges the cotton charged with the ethylate into the polypus and retains it in position for two or three minutes. On removing the cotton it commonly happens that the patient can expel the whole mass of destroyed polypus in a semi-fluid form by again blowing the nose sharply. It is a painful operation, but effectual if the probe is a second time introduced to the point of attachment of the polypus (*Asclepiad*, i, 3, 251).

Poisoning by Carbolic Acid.

1. A woman, æt. 30, swallowed four cubic centimetres of carbolised *Alcohol* (= thirteen grammes of pure *Carbolic acid*). Immediately vertigo, followed ten minutes later by absolute loss of consciousness with cyanosis of face. One hour and a half after the poison was taken there was still coma with relaxed limbs, no convulsions. Pupils extremely contracted and immovable; cold sweat; respirations slow, irregular, with tracheal râle; countenance pale and cyanosed; vomiting. Pulse very quick, regular, but sometimes extinct during inspiration. The stomach was washed out, but she seemed rather worse afterwards. The urine passed an hour after the poisoning was normal, but that passed fifteen minutes later was the colour of blood. The microscope showed no red corpuscles, but the spectroscope showed the bands of oxyhæmoglobin. One hour and a half after the poisoning the temperature in the vagina was as low as 34·4° C. The tracheal râle increased, mucus was continually ejected from the mouth and nose; the tongue was retracted. She gradually recovered, but eight hours after the poisoning the temperature was higher than normal, there were pains in the throat and stomach, extreme hoarseness, bilious vomiting, urine had to be drawn off, no more hæmoglobin, but some albumen, granular casts, some red globules and renal epithelium. The day after the poisoning she had circumscribed pneumonia at the base of the right lung. She left the hospital on the eighth day, when the vocal cords were still red and swollen, and the mucous membrane of the larynx injected; the urine still albuminous, contains granular and hyaline casts.

2. A man, æt. 37, had daily injections of a 2 per cent. solution

of *Carbolic acid* for a fistulous empyema. Though the injections immediately returned, he always complained of sweetish taste on the tongue, slight giddiness, and sometimes headache that lasted several hours. Hoping to produce a quicker cure, his wife injected a double quantity of a 3 per cent. solution. Before the operation was at an end the man uttered a cry and tumbled off his chair unconscious. Stertor, agitation, groaning, violent nausea, flaccidity of the limbs except some transient convulsions in the right arm, pupils dilated, and insensible; respiration irregular, laboured, noisy during inspiration; pulse not quick, very compressible, and occasionally intermittent; sensibility almost entirely lost. At the end of two hours he recovered consciousness, but remembered nothing of what had passed. He complained of horrible headache, nausea, soon followed by vomiting. The vision of both eyes entirely lost. The ophthalmoscope shows very indistinct outline of the papilla, especially the right. The following morning the nausea was gone, and the patient perceived the dawn of day. Some hours later he was able to see the outline of objects in his room. The fourth day there was no longer any affection of the sight; the right eye recovered itself more slowly than the left. He has still heaviness of the head and he vomited when he got up.

3. A woman, æt. 59, swallowed a tablespoonful (= fifteen grammes) of concentrated *Carbolic acid*, 95 per cent. Immediately sharp burning in mouth and along œsophagus. Paleness, coldness of extremities, pulse scarcely perceptible. After milk she vomited; the vomited matter had no smell of *Carbolic acid*. All the buccal cavity and tongue are corroded and extremely painful. For some days the urine was scanty, blackish, not containing urea. The mucous membrane of mouth and tongue came off in great flakes and for six days the dysphagia was extreme. The vomited matters contained shreds of the œsophageal mucous membrane, and even after complete recovery she still felt uneasiness when the food was being swallowed.

4. A man, æt. 30, given to drink, drank off a glassful of *Carbolic acid* in mistake for whisky. As his mouth and throat burnt, he gargled with water and went to a public-house. There he felt ill and did not know what happened. Half an hour after the accident he was found stretched unconscious, insensible to all excitations, the skin cyanosed, the limbs cold, relaxed, pupils contracted and immovable; respiration laboured and jerky; the mouth exuding

bloody slime; pulse small, scarcely perceptible. Chest full of large mucous râles. He was bled, sinapisms applied, and friction to the limbs. Cold compresses to chest and *Benzoic acid* internally. After twelve hours consciousness returned. Cyanosis diminished, respiration easy, no râles. Burning pain in mouth, throat, and pit of stomach. Copious vomiting. Urine black as ink. The third day he still vomits; the skin and mucous membrane of throat and mouth are still livid. The pain of the burns still severe. The fourth day vomiting ceased; tissues less deeply coloured, now of a dull brown. Pain in chest, especially on right side; rusty expectoration. The fifth day urine clear. Fever, bloody expectoration, violent delirium. Dulness and bronchial breathing on the right side of back below the angle of the scapula. Died the sixth day. *Post-mortem.*—Labial and buccal mucous membrane of a grey colour like lead. Pharyngeal mucous membrane bright red, swollen, softened, and covered with patches of exudation. Bright injection of œsophagus, which is eroded in places. Posterior wall of stomach marbled with ecchymoses, but no loss of the substance of the gastric mucous membrane. Intestines normal. Liver large and fatty. Spleen rather big. Right kidney hypertrophied and inflamed. Red hepatisation of both lower lobes of right lung. (*Rev. des Sc. Med.*, 15th October, 1883, from *Berl. klin. Woch.*).

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